ALBERTA HEALTH SERVICES
HEALTH PLAN AND BUSINESS PLAN
2012 – 2015

Alberta Health Services

www.albertahealthservices.ca

Statement of Accountability

This three-year health plan for the period commencing April 1, 2012 was prepared under the board's direction in accordance with the Regional Health Authorities Act and direction provided by the Minister of Health.

The strategic direction and priorities of Alberta Health Services have been developed in the context of legislated responsibilities, the Alberta Health business plan, and provincial government expectations as communicated by the Minister.

Performance measures are included as the basis for assessing achievements.

The board and administration of Alberta Health Services are committed to achieving the planned results laid out in this three-year health plan.

Respectfully submitted on behalf of Alberta Health Services.

"Original Signed"

Catherine Roozen,
Chair, Alberta Health Services Board

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Forward from the President and Chief Executive Officer

Alberta Health Services is responding to the needs of Albertans. We have learned Albertans want a health system that: provides quality and timely care; is affordable now and in the future; supports individuals, families and communities to be healthy; and takes advantage of the best research and technology.

Albertans have told us they appreciate the progress we have made in providing a health system that leverages the advantages of a provincewide system with provincial standards and that also allows for local decision making. We have made progress in the past year by:

- Performing more surgeries than in 2010/2011 including 36, 457 cataract surgeries (eight per cent increase), 4, 868 hip replacement surgeries (nine per cent increase) and 5,795 knee replacement surgeries (16 per cent increase).
- Adding over 100 new hospital acute care beds and more than 1,000 continuing care beds.
- Providing a cancer patient navigation system that improves co-ordination of care, speeds up individual access to resources and services, and helps patients find answers to questions.
- Supporting Albertans with addiction and mental health issues by opening nearly 100 new addiction and mental health beds/spaces.
- Giving Albertans access to reliable and trusted information about staying well, health conditions and treatment options through www.MyHealth.Alberta.ca.

We have invested in the health strategies described in Alberta's 5-Year Health Action Plan 2010-2015 and have realigned our structure to reflect the advantages provided by one provincial health system while also ensuring that service and patient related decisions are being made locally. Our five zones have responsibility for delivering local services within the broader context of provincial priorities and standards, building equity across the province. We have established shared medical and administrative leadership in the organization.

In 2012/2013 we look forward to seeing the realization of long-established commitments such as the opening of the East Edmonton Urgent Care Centre, the South Edmonton Clinic and South Health Campus in Calgary. We will also see the opening of over 1,000 new continuing care beds and the implementation of key components of the addiction and mental health strategy, as well as the opening of the first family care clinics in the province. We will be working to implement the recommendations of the Health Quality Council of Alberta review including: managing occupancy rates in acute care hospitals, reducing the number of alternate level of care patients waiting in acute care beds, reducing emergency department wait times, establishing a "just culture" and supporting physicians to effectively advocate for those in their care.

Alberta Health Services is working with our partners to improve quality and safety, and to share learning and best practice quickly across our province so we can create more equity and efficiency in our services. An important step in this is creating strategic clinical networks along with developing and using research, health technology assessment and innovation, refining measurement and analytics, standardizing care, ensuring continuity of care and using cutting-edge technology and information systems.

We continue to work diligently to plan for the future and to focus our efforts on actions, innovation and investment today to build a future which is more sustainable and will support better health outcomes. It is our responsibility, along with our partners in health, to build a health system that actively supports healthy individuals, families and communities, identifies risk of illness as early as possible and works to prevent or minimize the impact of illness or injury. We need to provide timely access to quality services and care that is affordable, and we are aligning our resources accordingly.

The dedication, skill and hard work of our physicians, staff and partners have helped us make significant improvements in a short period of time. Of course, more work awaits us, in the short and long-term. But with stable funding from the province to 2015, we are in an excellent position to make further progress on wait times, primary health care, addiction and mental health, continuing care and the overall health of Albertans.

Dr. Chris Eagle, President and Chief Executive Officer
April 2012

Executive Summary

Consistent with the Regional Health Authorities Act and the Alberta Health Services Mandate and Roles Document, this 2012–2015 Health Plan is presented as a proposal to the Minister of Health. This document outlines how the organization intends to fulfill its mandate over the next three years and includes the 2012/2013 operating budget and business plan for the organization.

Numerous drivers for change and service responses have been examined to develop this plan. Key priorities, strategies and actions have been identified in five major areas, which are outlined in detail in the plan. Actions outlined in this plan reflect Alberta's 5-Year Health Action Plan 2010 – 2015, and are intended to significantly improve health service delivery and the health of Albertans.

Priorities identified for 2012 to 2015 and associated actions are summarized and presented under each of the responsibility areas, as legislated by the Regional Health Authorities Act, which are:

1. Assess on an ongoing basis the health needs of Albertans.

Alberta Health Services will continue to work with communities to confirm existing needs and resources and to develop plans to address these needs. Work will continue on the development of consistent health needs assessment methodologies, including rural areas and diverse communities, and to link this work with other strategic and integrated service planning activities in the organization and with external partners including those in government. Major health inequities exist within and across socioeconomic groups and geographic areas in Alberta. Not only are the consequences of health inequities potentially devastating for individuals and families, it is clear they are costly and many are preventable. Alberta Health Services will continue to develop a collaborative approach within the organization, and with other partners and stakeholders, in order to reduce inequities and identify key targets for improvement in the health outcomes of vulnerable populations in Alberta.

2. Determine priorities in the provision of health services in Alberta and allocate resources accordingly.

Overall health system priorities are reflected in Alberta's 5-Year Health Action Plan 2010-2015. Alberta Health Services continues to make significant progress in defining processes and assessment criteria that will support the prioritization of strategies, actions and investment, as well as reassessment or redeployment of funds. Measures and performance targets are being refined and updated to better monitor progress and allow for the adjustments necessary to achieve progressive targets. Priorities in 2012/2013 are to:

- **Reduce inequities in health outcomes** with a focus on vulnerable populations.
- **Expand primary health-care** service scope to include family care clinics.
- Develop and implement the key components of the provincial **Addiction and Mental Health Strategy,** including integrated community based supports.
- **Improve wait time measurement and** active management of wait lists and other initiatives to increase access to specialty services.
- **Develop acute care capacity** to address demand and **capacity management plans** to deliver appropriate care at the right time and by the right provider.
- **Invest in home care expansion and redesign** the range of programs to include respite, day support programs, post acute, continuing and palliative care.
- Implement key components of the **Continuing Care Strategy**, including increasing capacity through continuing care centres/campuses of care.
- Create **strategic clinical networks** (SCNs) to improve service quality, reduce variability and foster research that positively impacts individual and family health: technology assessment, reassessment and innovation will be integrated into the functioning of SCNs.
- Enhance **service quality** and improve **patient safety**.
- **Optimize the clinical workforce** through strategies to enhance practice leadership and practice excellence and to expand the scope of practice of key health professionals.
- **Invest in essential Information Technology (IT)** infrastructure such as clinical information systems and information technology enabled clinical pathways to support and embed best practices into delivery of care.

3. Ensure reasonable access to quality health services is provided in and through Alberta Health Services.

Actions under three of the key areas of focus in *Alberta's 5-Year Health Action Plan 2010-2015* support the achievement of this responsibility area. These are:

- **Improve Access and Reduce Wait Times.** Timely access to health care results in better clinical outcomes. The development of provincial standards for clinical practice, wait times and standardized clinical pathways will help stabilize and improve access to care, and support continuity of care. Specific initiatives will focus on continuing to reduce wait times in emergency departments, wait times to see a specialist and to receive treatment, and wait time to access continuing care. Improving quality and safety are also priorities. Initiatives to improve the health of the overall population and to address health inequities among vulnerable populations also contribute to improving access by reducing demand for service.
- **Provide More Choice for Continuing Care.** One in five Albertans will be seniors within the next 20 years. It is imperative seniors have access to the services and supports they need to remain healthy and independent as long as possible. More investment in supportive living is required to expand choice for seniors and to ensure seniors receive the right care, at the right time, in the right place. Priorities in alignment with the Continuing Care Strategy include: strengthening home care, standardizing assessment and co-ordination of access to care, providing supportive living for people with chronic and disabling conditions, improving safety through falls prevention and medication management, increasing community capacity including caregiver support and enhanced respite for family caregivers.
- **Strengthen Primary Health Care.** Individual- and family-centred, co-ordinated and comprehensive health care provided through a robust primary health-care system has been shown to improve the health of a population and to increase the efficiency of health-care delivery. It is imperative Alberta Health Services, in partnership with Alberta Health , offer Albertans access to a primary health-care system that will provide Albertans with the opportunity to maintain good health and access the services they need. Future developments will align many aspects of primary health care including access to a member of the primary health-care team and enhancements to the way team-based care is delivered.

4. Promote and protect the health of the population of Alberta and work toward the prevention of disease and injury.

Important collaborative work will continue with Alberta Health and other partners to improve overall population wellness. Health promotion and disease/injury prevention initiatives continue to provide a foundation for this work. In addition, Alberta Health Services must continue to address health-care inequities across the province and to meet the needs of vulnerable populations. Actions will focus on increasing immunization, preventing chronic disease, supporting healthy physical and social environments, healthy living and healthy weights, and building and delivering appropriate services and health promotion initiatives with/for diverse and vulnerable populations.

5. Promote the provision of health services in a manner that is responsive to the needs of individuals and communities and supports the integration of services and facilities in Alberta.

This health plan outlines actions underway to develop and deliver health services that meet the needs of individuals and communities. This work is linked to the actions underway to assess the health needs of Albertans and includes work with rural, diverse and vulnerable communities throughout Alberta Health Services' five zones. Needs assessments with additional communities will be undertaken in 2012/2013 along with the further development of zone-integrated operational plans. Also, Alberta Health Services will continue to work closely with the 12 Health Advisory Councils, which have been established throughout the province, as well as with the Provincial Advisory Council on Cancer and the Provincial Advisory Council on Addiction and Mental Health. This collaboration will help to ensure service models and plans are developed in a manner that considers and is responsive to individual, family and community contexts.

Alberta Health Services is continuing to build a strong provincial system of services, realizing the advantages of one health region. In addition to actions in support of the integration of the delivery of services to individuals and families, work continues on building foundational systems that support all parts of Alberta Health Services including:

- **Workforce.** The performance of our health system is directly related to the people who provide care and services to individuals, families and communities across the province. Alberta Health Services is committed to empowering staff and physicians to provide quality and safe care. Priorities include the implementation of our clinical workforce plan and recruitment strategy, our leadership development strategy, professional practice and education supports, performance management system, ongoing just and trusting culture and other health, safety and wellness initiatives, and our collaborative labour relations program. This work includes significant attention to staff and physician engagement in support of a patient- and family-centred culture, provider education and change management.
- **Health System Supports.** The development of key business systems and processes that support service delivery will realize economies of scale, and help standardize and streamline policies and procedures across the organization. Work will continue throughout 2012-2015 on the consolidation and implementation of major systems in the areas of information technology for business and clinical areas, human resources, finance, purchasing and data management. In addition, initiatives will continue to enhance integrated service planning and to provide staff and physicians with information to better support decision making. This will also include ensuring accountability is properly delegated and measurement systems are in place. A single provincial environment facilitates and fosters health research, health technology assessment and innovation, and a framework is being developed to facilitate the transfer and uptake of knowledge in support of service innovation and improvement. Provider education will support evidence-based and standardized care, resulting in improved quality and patient safety. Strategic clinical networks will play a key role in developing evidence-informed clinical pathways, improving patient safety and standardizing care across all zones.

As Alberta Health Services continues to engage others to define what success looks like for Albertans and for the organization, our performance measures will be refined and will gauge whether we are meeting our goals or need to improve. A major goal is to provide access to services at the right time, in the right place, for the right need, by the right provider. This means continued refinement in the ability to assess the health needs of Albertans, and responding in an integrated manner at local and provincial levels. Decisions will be based on best evidence, assessment of the impact of potential actions on a variety of dimensions and management of the resources of the organization in a diligent manner to ensure we are indeed supporting the health of Albertans. Alberta Health Services has committed to the government, and to communities, that progress will be shared in a transparent and public manner.

Context

MANDATE OF ALBERTA HEALTH SERVICES

Alberta Health Services is responsible for the co-ordination and delivery of a provincewide system of health services. This provincial approach to service delivery presents the opportunity to improve efficiency, foster collaboration, promote health equity across Alberta, share best practices, and introduce provincial standards for quality and safety.

The legislated responsibilities of Alberta Health Services outlined in Section 5 of the Regional Health Authorities Act are to:

- Assess on an ongoing basis the health needs of Albertans.
- Determine priorities in the provision of health services in Alberta and allocate resources accordingly.
- Ensure that reasonable access to quality health services is provided in Alberta and through Alberta Health Services.
- Promote and protect the health of the population in Alberta and work toward the prevention of disease and injury.
- Promote the provision of health services in a manner responsive to the needs of individuals and communities, and that supports the integration of services and facilities in Alberta.

The Alberta Health Services 2012–2015 Health Plan is a public accountability document, required by legislation to be submitted to the Minister of Health* for approval. It describes, at a strategic level, the actions Alberta Health Services will take in carrying out its legislated responsibilities with a primary focus on delivery of quality health services. This health plan also includes the 2012/2013 financial plan, setting out how funding will be allocated to support key priorities. The roles, responsibilities and accountabilities of Alberta Health Services are further described in the *Alberta Health Services Mandate and Roles document*.

GOVERNANCE

Alberta Health Services Board

The Board is responsible for co-ordinating the delivery of health supports and services across the province and supports the mandate of the Minister of Health to improve access to care and to create a sustainable health system. The Board reports directly to the Minister. Governance at Alberta Health Services is a highly collaborative and inclusive process. The Board acts pursuant to the *Regional Health Authorities Act*.

Alberta Health Services Board members are:

Catherine Roozen, B.Comm., LLD (Hon), Chair
Irene Lewis, B.Ed., M.Ed., LLD (Hon)
Dr. Ray Block, B.Comm., MAg., PhD, CGA
Teri Lynn Bougie, BA, LLB
Dr. Ruth Collins-Nakai, MD, MBA, FRCPC, MACC, ICD.D
Dr. Kamalesh Gangopadhyay, MD, MRCOG, FRCSC
Don Johnson, BA, B.Sc.
John Lehners, P.Eng., ALS
Stephen H. Lockwood, QC
Don Sieben, B.Comm., DHSA, MBA, FCA
Dr. Eldon Smith, OC, MD, FRCPC
Sheila Weatherill, OC, BScN., LLD (Hon)
Gord Winkel, P.Eng., M.Sc.

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*As of May 8, 2012, Alberta Health and Wellness was renamed to Alberta Health.

Health Advisory Councils

Albertans continue to provide input on local health issues through 12 Health Advisory Councils. The health advisory councils consist of 10 to 15 members, including a chair, and each council represents a different geographical area. All health advisory council members are appointed by the Alberta Health Services board. The mandate of the councils is to provide feedback about what is working well and what needs improvement in the health system. The councils engage residents and report on the local perspectives of health services delivery in communities across the province.

The Provincial Advisory Council on Cancer provides advice related to priorities for cancer services throughout the province, drawing upon other expertise as required. The Provincial Advisory Council on Addiction and Mental Health gives advice regarding addiction and mental health services as provided by Alberta Health Services, drawing on evidence and information provided to the council by Albertans.

VISION, MISSION, VALUES, AND STRATEGIC DIRECTION

The **vision** of Alberta Health Services is:
To become the best performing publicly funded health system in Canada.

The **mission** of Alberta Health Services is:
To provide a patient-focused, quality health system that is accessible and sustainable for all Albertans.

Values drive the activities of Alberta Health Services. They create a shared understanding about how Alberta Health Services staff and physicians relate to each other as well as to patients and the public. Alberta Health Services was founded on four values: respect, accountability, transparency and engagement. These values have served us well. However, we deliver health services in an increasingly complex environment. Therefore, three new values – safety, learning and performance have been added to better support and guide Alberta Health Services as it moves forward and focuses on a collective priority of delivering quality health care to Albertans.

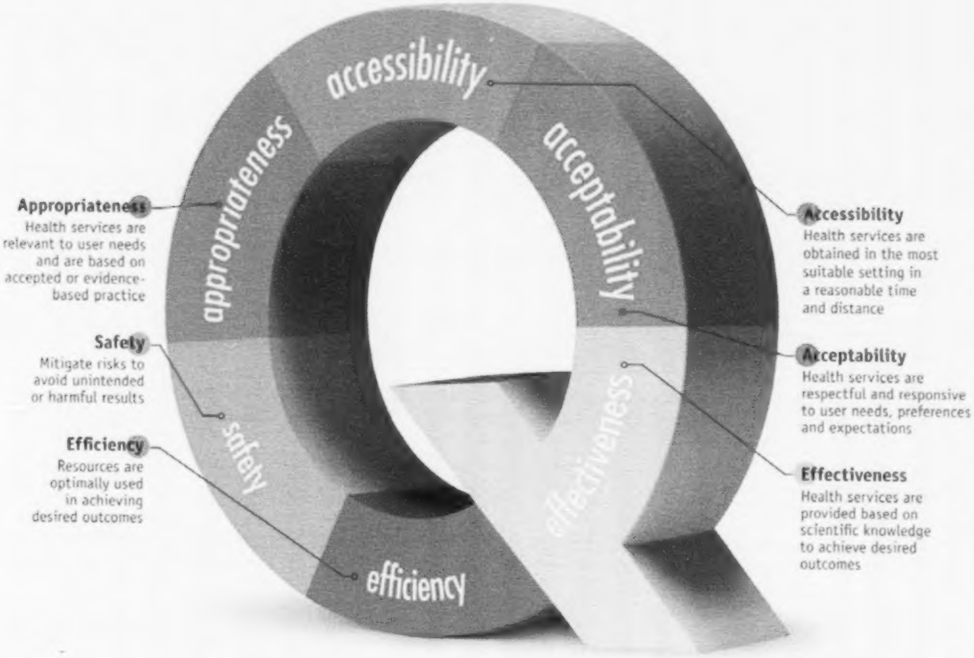
Respect	We demonstrate respect for one another, our patients, clients and communities and partners as we lead the evolution of health care.
Accountability	We are accountable for improving the performance of the health care system to best meet the needs of all Albertans.
Transparency	We share needed information with staff, partners, and the public in a timely and respectful way.
Engagement	We seek the views of those who are impacted by our decisions and provide feedback on those views, whether fully, partially, or not accepted in the preferred solution.
Safety	We must actively promote the safety and wellness of our communities, clients and patients. We can only achieve long-term success if we promote the workplace safety and well-being of our staff, physicians and volunteers.
Learning	We will seek the best information available and find ways to employ it in our daily work. Learning to be the best also means supporting and promoting the development of new knowledge.
Performance	We perform at our highest potential when every person in AHS has a clear and well understood responsibility to improve their areas of performance every day.

What We Are Aiming to Achieve

Our strategic direction is structured around improving the health of Albertans through a focus on **well-being** and ensuring all of the care we provide is safe and of high quality. The three goals of our organization - **Quality, Access** and **Sustainability** - are connected and work together. These long-range, overarching goals are developed into specific objectives on an annual basis, and progress is tracked through performance measures.

Goals:

1. **Quality:** To define this goal, we use the six key dimensions of quality developed by the Health Quality Council of Alberta to consistently focus on and measure quality throughout the organization.



Appropriateness Health services are relevant to user needs and are based on accepted or evidence-based practice

Safety Mitigate risks to avoid unintended or harmful results

Efficiency Resources are optimally used in achieving desired outcomes

Accessibility Health services are obtained in the most suitable setting in a reasonable time and distance

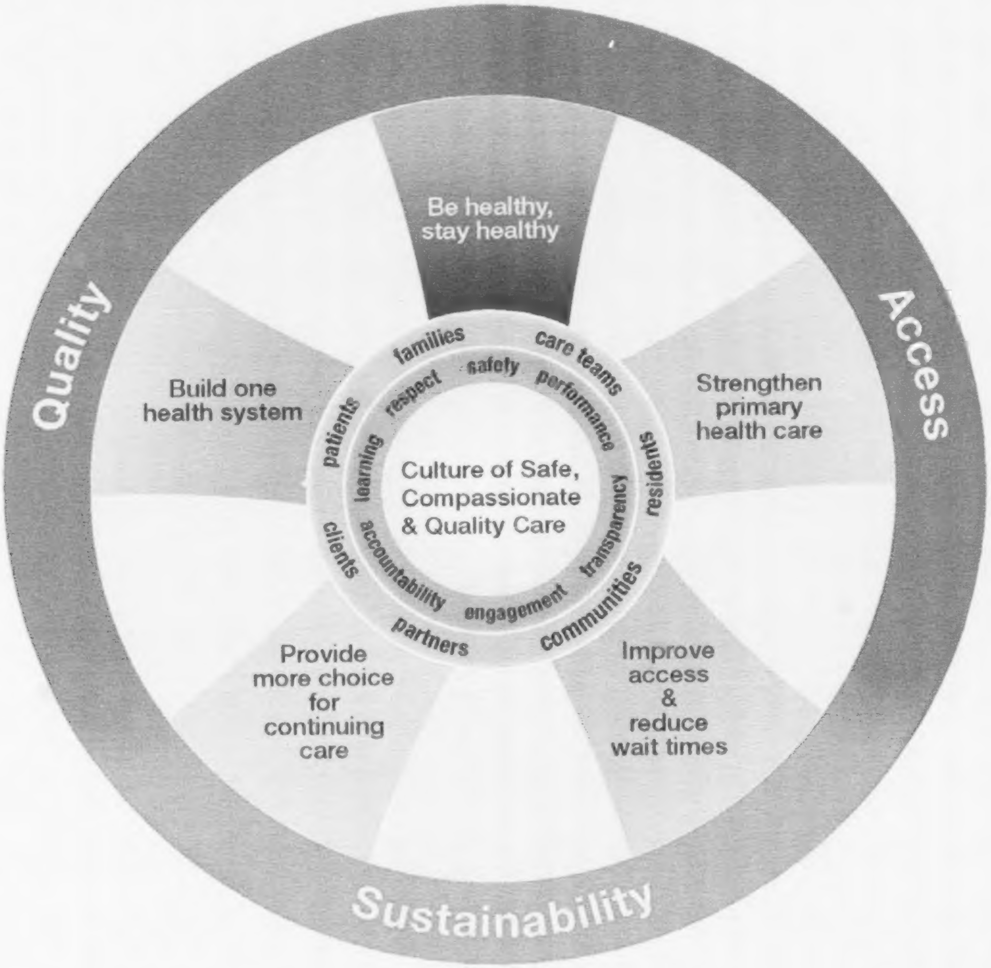
Acceptability Health services are respectful and responsive to user needs, preferences and expectations

Effectiveness Health services are provided based on scientific knowledge to achieve desired outcomes

2. **Access:** We want to ensure that appropriate health-care services are available. This goal is strongly linked to the health and well-being of Albertans, and to giving people the tools to self-manage when appropriate. If Albertans are healthier they will require less care and the system will be easier to access for those who require care. In addition, access implies that the right test, procedure or treatment is provided in the most evidence-informed manner possible.
3. **Sustainability:** Health care must be delivered in a manner which is sustainable within available resources and for the future (including funding and human resources). To achieve sustainability, we will need to ensure all resources are used in the most effective and efficient way. Initiatives to bend the cost curve and optimize human resources are critical.

Health System Strategies

Five strategies illustrate and organize Alberta Health Services' priorities and our work with key partners.


Quality
Access
Sustainability
Be healthy, stay healthy
Strengthen primary health care
Improve access & reduce wait times
Provide more choice for continuing care
Build one health system
families
care teams
residents
communities
partners
clients
patients
safety
performance
transparency
engagement
accountability
learning
respect
Culture of Safe, Compassionate & Quality Care

All five strategies work together and are equally important. Progress in any one area brings us closer to Alberta's goal of having the best publicly funded health system in Canada.

- Be Healthy, Stay Healthy
- Strengthen Primary Health Care
- Improve Access and Reduce Wait Times
- Provide More Choice for Continuing Care
- Build One Health System

These five strategies are featured in *Alberta's 5-Year Health Action Plan 2010–2015*. (www.albertahealthservices.ca/3201.asp)

How We Will Work Towards Our Goals

Alberta Health Services, along with a variety of partners and stakeholders, must work together to achieve health system goals for the province. When Alberta Health Services was created one of the key strengths was uniting the talents, skills and knowledge that existed across the province. Key partners in improving wellness and delivering care are patients, clients and their families. In addition to the staff and physicians who work for Alberta Health Services, establishing strong relationships with the vast array of community, academic and research partners is critical.

To support the advancement of our directions and enable an integrated, patient-centred approach to this change, Alberta Health Services is creating strategic clinical networks (SCNs). SCNs are collaborative clinical strategy groups which will bring the perspectives of all stakeholders – clinicians, policy-makers (government), researchers, operations and strategy leaders, key community leaders, individuals and families together to develop strategies to improve patient outcomes and satisfaction, to improve access to health care, and to improve the sustainability of our health system.

There are 16 **directional statements** which together create a **bold platform for change** for the next three years.

Be Healthy, Stay Healthy

- Reduce inequities in health outcomes;
- Strengthen early childhood intervention focusing on most vulnerable communities;
- Improve wellness and prevent injuries;
- Enable self-management and self navigation.

Strengthen Primary Health Care

- Develop an integrated team-based approach to primary health care;
- Expand primary health-care services to improve access;
- Target interventions to improve health outcomes of specific populations;
- Improve support for Albertans with addiction and mental health issues.

Improve Access and Reduce Wait Times

- Embed ongoing improvement;
- Improve flow and access to the right care.

Provide More Choice For Continuing Care

- Shift to community/care closest to home;
- Promote health, independence and quality of life for those with chronic illness and end of life conditions.

Build One Health System

- Ensure a healthy, engaged, skilled and optimized workforce;
- Utilize evidence-informed innovation/research working with community and academic partners;
- Align funding and accountability to support goals;
- Use technology to improve quality, safety and continuity of care.

WHO WE ARE/QUICK FACTS

Who We Are

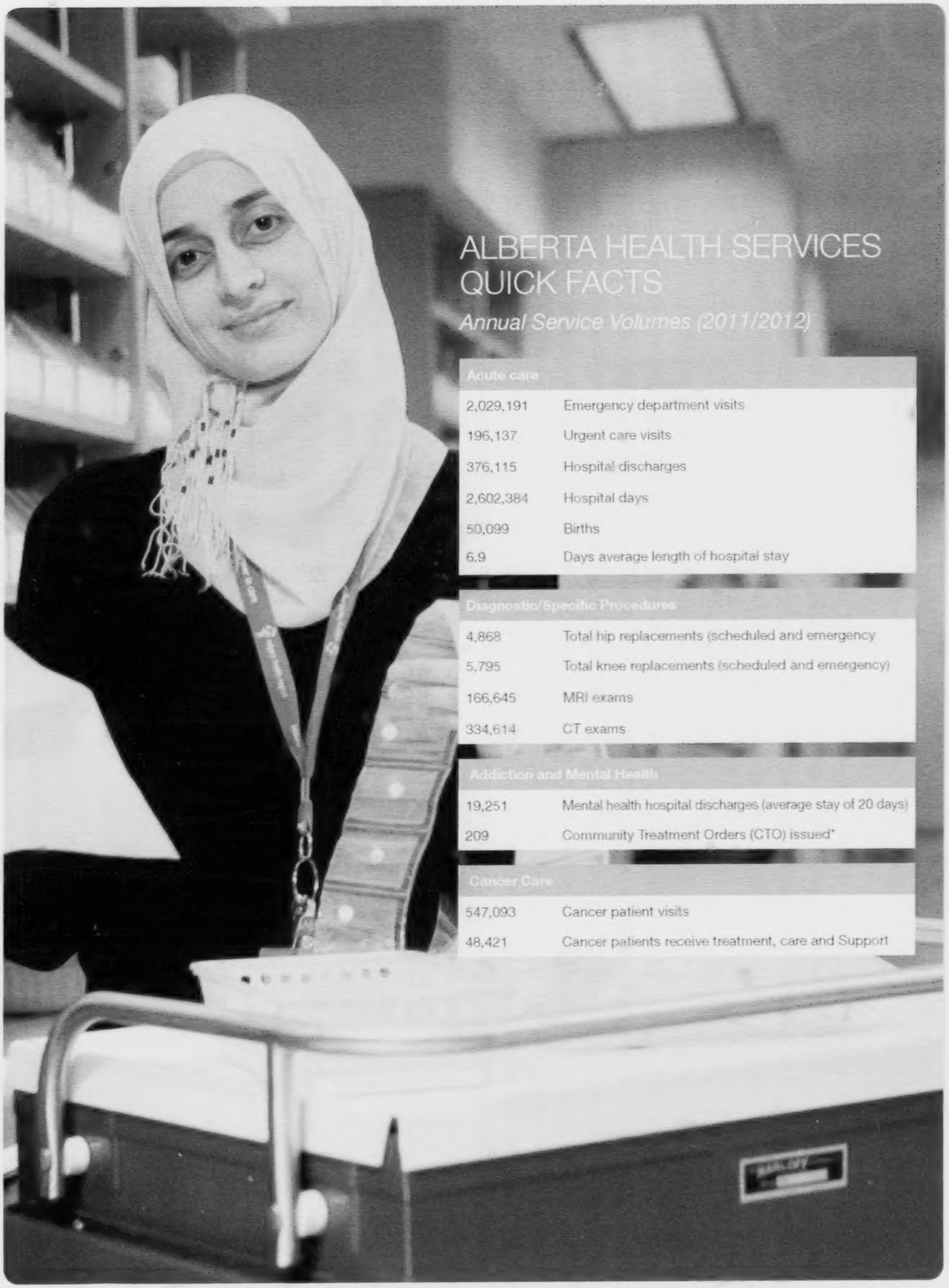
We are the skilled and dedicated health professionals, support staff, volunteers and physicians who promote wellness and provide care and services everyday to 3.8 million Albertans, as well as to many residents of southwestern Saskatchewan, southeastern British Columbia and the Northwest Territories. Alberta Health Services has almost 100,000 employees including approximately:

- 91,500 direct Alberta Health Services employees;
- 7,900 staff working in wholly owned subsidiaries such as Carewest, Capital Care Group and Calgary Laboratory Services (excludes Covenant Health staff);
- 16,800 volunteers;
- 8,020 physicians (total physician count for Alberta both employed and independent physicians);
- students from Alberta's universities and colleges, as well as from universities and colleges outside of Alberta, who provide care while receiving clinical education in Alberta Health Services facilities.

Programs and services are offered at 400 sites throughout the province, including hospitals, clinics, continuing care facilities, mental health facilities and community health sites.

The province also has an extensive network of community-based services designed to assist Albertans in maintaining and/or improving health status. Assistance is available by phone through the province's Health Link service. Alberta Health Services also contracts with a range of providers, including Covenant Health, municipalities, and volunteer and private organizations to deliver health care.

Alberta Health Services, in collaboration with others, provides a variety of health promotion, health protection, and direct health care to Albertans. The following information provides a high-level illustration of the volume and magnitude of services delivered by Alberta Health Services.



ALBERTA HEALTH SERVICES QUICK FACTS

Annual Service Volumes (2011/2012)

Acute care	
2,029,191	Emergency department visits
196,137	Urgent care visits
376,115	Hospital discharges
2,602,384	Hospital days
50,099	Births
6.9	Days average length of hospital stay

Diagnostic/Specific Procedures	
4,868	Total hip replacements (scheduled and emergency
5,795	Total knee replacements (scheduled and emergency)
166,645	MRI exams
334,614	CT exams

Addiction and Mental Health	
19,251	Mental health hospital discharges (average stay of 20 days)
209	Community Treatment Orders (CTO) issued*

Cancer Care	
547,093	Cancer patient visits
48,421	Cancer patients receive treatment, care and Support

Facilities

There are 103 facilities (98 acute care hospitals and 5 stand alone psychiatric facilities; this includes 35 acute care beds in the Lloydminster Hospital, Saskatchewan).

Number of Beds/Spaces	**As of March 31, 2012**
Hospital – Acute Care	8,118
Sub-acute in Auxiliary Hospitals	525
Psychiatric - Stand-Alone Facilities	884
Addiction Treatment	830
Continuing Care (includes long term care and supportive living)	21,683
Palliative and Hospice	181
Mental Health Community	514
Total Beds in Alberta	**32,735**

Source: Alberta Health Services Bed Survey as of March 31, 2012

* CTO legislation came into effect January 2010. The goal of CTO is to assist individuals in maintaining compliance with treatment for mental disorders while they live in the community.

DEVELOPMENT OF THE 2012 – 2015 HEALTH PLAN AND BUSINESS PLAN

This three-year health plan for the period commencing April 1, 2012, builds on the previous Alberta Health Services 2011–2015 Health Plan. This document was prepared under the direction of the Board in accordance with the Regional Health Authorities Act and direction provided by the Minister of Health. The strategic direction and priorities of Alberta Health Services have been developed in the context of legislated responsibilities and provincial government expectations as communicated by the Minister. This 2012–2015 Health Plan also includes the 2012/2013 operating budget, reflecting an alignment of strategic priorities and budget.

This plan supports a provincial government vision of achieving 'Healthy Albertans in a Healthy Alberta'. The actions in this plan align with those identified in *Alberta's 5-Year Health Action Plan 2010–2015* and in subsequent yearly updates developed in collaboration with Alberta Health.

The development of the 2012-2015 Health Plan incorporates input from a variety of sources. This includes a review of feedback from users of our services, an analysis of demographics, and identification of the most significant and pressing issues related to the health of people in Alberta as a whole and geographically. In addition, the strength of the health system was reviewed, and performance and progress on current initiatives were examined. Zone Integrated Operational Service Plans (ZIPs), and other plans and reports such as *How Healthy Are We?* were reviewed. Input from staff and physicians in Alberta Health Services and from members of the health advisory councils also helped inform the development of this plan. A summary of select drivers for change is included in this health plan with additional detail provided in Appendix I.

The priorities identified in this plan were established through collaboration with Alberta Health Services' board and senior leaders, Alberta Health, and others and the application of priority setting criteria. The methodology is described in the priority-setting section of this health plan.

This plan will be refreshed every year, and provides the foundation for other enabling plans throughout the organization such as the Alberta Health Services Capital Plan, the Information Technology Plan, the Workforce Plan and other service-specific plans.

The five legislated responsibilities of Alberta Health Services have been used to provide the structure for the presentation of the 2012–2015 Health Plan. The major priorities and activities undertaken by Alberta Health Services, in support of the five strategies from *Alberta's 5-Year Health Action Plan 2010-2015*, are grouped under these legislated responsibilities. It should be understood, however, that these legislated responsibilities are undertaken in an integrated manner.

FULFILLING RESPONSIBILITIES – OUR STRATEGIC PRIORITIES

This section outlines the actions Alberta Health Services will take to fulfill its legislated mandate over the next three years. Significant action is planned under all responsibility areas to ensure the development and delivery of services to meet the needs of Albertans. In fulfilling its responsibilities, Alberta Health Services has identified actions under each of the five priority strategy areas outlined in the 5-Year Health Action Plan. These priority areas are described in the appropriate legislated responsibilities section of this health plan.

1. ASSESS ON AN ONGOING BASIS THE HEALTH NEEDS OF ALBERTANS

Significant work has occurred to assess the health needs of Albertans. Alberta Health Services developed the first edition of what will be an ongoing report on the health of Albertans. Titled How Healthy Are We? (AHS February 2011) this report by the Senior Medical Officer of Health provides both provincial and zone-based information about the health of the Albertans. Zone Integrated Health Services Operations Plans were also developed to reflect needs and priorities from a zone perspective. These zone-based plans were informed in part by work undertaken in 21 communities throughout the province to assess service needs and to work with the communities to identify priorities for local action. The service needs of additional communities will be assessed each year.

In addition to assessing health and service needs over the next three to five years, Alberta Health Services also undertook a number of activities in support of developing a longer term view to 2030. This work is summarized under Sustainability Challenges section in Appendix 1.

1.1 Drivers for Change

In developing previous plans and this 2012–2015 Health Plan, Alberta Health Services examined a number of factors that contribute to the need for changes in how services are developed, supported and delivered. This information helps identify where change is needed and focuses the organization in addressing priority areas over the next three years. A description of the drivers examined and the service response required for each driver is contained in Appendix I of this plan.

Priority needs were identified through examining health indicators from existing quantitative data sets, recent internal and external consultations, reports and qualitative studies. Information for the health needs assessment was analyzed by zones as the unit of comparison where possible.

The following is a brief overview of driver categories:

- **Consumer voice:** Patient feedback and patient experience surveys indicate Albertans are generally satisfied with the quality of care they receive once they get into the system, however, the system itself is not easy to access. Access to a family doctor, wait times, availability of services in communities and sustainability of the health system are concerns. Albertans also indicate they want to be more actively involved in their own care. Patient feedback indicates they want better communication from service/care providers, a better understanding of services and assurance of service/practice quality. Patients also identified better education about improving their health and an increased focus on staying healthy as important.
- **Demographics and health needs:** Alberta's population continues to grow, age and become more diverse. While Albertans are generally healthy, persons with disabilities, lone parents, recent immigrants, refugees, people experiencing homelessness and aboriginal people are disproportionately represented among those with low income and in poor health. Differences in health status are also evident between rural and urban areas with rural areas having increased rates of death caused by cancer and heart disease, unintentional injuries, and suicide and self inflicted injuries. Disparities in health outcomes also exist between different areas within zones. In addition, the impact of chronic disease is substantial and growing, with 30 per cent of Albertans reporting having at least one of seven chronic health conditions that have high morbidity and high cost. Obesity rates are escalating both provincially and nationally and the number of Albertans with dementia is expected to grow.
- **Primary care/Primary health care:** Primary care is the care individuals receive at the first point of contact with the health-care system, usually provided by family physicians and other health-care providers. Insufficient access to a family physician or other primary health-care provider may result in higher use of other parts of the health-care system. The percentage of Albertans with a regular family physician (78.8 per cent) is lower than the national average (84.8per cent). The number of Albertans who report having a family physician is lower in the North Zone (74.4per cent) than in the rest of the province.
- **Access and appropriate service:** Timely access to services, while improving, continues as an issue for Albertans, although the public is generally satisfied with care when they receive it. Wait times in emergency departments and in access to surgery, cancer care and continuing care remain a concern. Wait times for primary care and specialty care are areas identified for improvement. There is significant variation across the province in average length of stay and hospital separation rates. Matching level of care and setting of care to individual and family needs is also seen as important because patients are often admitted to hospital for conditions that may be treated in the community.
- **Patient safety:** Ongoing attention to patient safety is key to providing quality services and supporting positive outcomes for patients and families. Consistent and provincewide standards for safety are important components of serving patients effectively. Components include: a single provincial reporting and learning system, increased standardization for practice and a system for addressing patient concerns.
- **Seniors health:** It is expected that about one in five Albertans will be seniors by 2031 (65 years or older). Seniors' health service use increases significantly with age. More than four out of five Canadian seniors living at home suffer from a chronic condition. Seniors want to live in their homes for as long as possible and have accessible health services, but may lack home and community supports. Also, there are not enough facility-based spaces to meet the current need for seniors who are waiting either in the community or in acute care settings for continuing care.
- **Workforce:** Canada, like many other countries, is experiencing a shortage of registered nurses that is expected to worsen over the next decade. Projections are based on assumptions about the way in which nursing care is delivered. Future nursing and other health workforce planning will need to include the current direction for collaborative, patient/family-centred models of care, and the appropriate use of the knowledge and skills of all health-care providers, including an expanded role for pharmacists, nurse practitioners, midwives and other practitioners.
- **Workplace:** The performance of the health system is strongly related to the staff and physicians who provide services. Recruiting, engaging and retaining a skilled workforce will require attention to factors such as professional autonomy and scope of practice (i.e. the procedures, actions and processes that are permitted for each health-care professional); culture that appreciates individual and interdisciplinary team contribution; healthy and safe workplaces; available developmental/learning opportunities; and clear priorities, accountability and communication.
- **Sustainability challenges:** Like many jurisdictions in Canada and beyond, Alberta is experiencing the challenges of sustaining a system that can respond to the changing needs of the population while maintaining quality service delivery, and fiscal prudence and accountability. Alberta has a higher per capita expenditure and a total life expectancy at birth only slightly above that of Canadians as a whole. However, outside the major urban areas of the province life expectancy is at or below the Canadian life expectancy. Pressures include an aging population, rural and remote service delivery, rising expectations, and the cost of pharmaceuticals and new technologies. A single provincial health entity provides the opportunity to leverage the benefits of system consolidation and support uniform practice, standardize care and design alternatives to hospital admissions for conditions suitable for community management. Increased attention is also required to address the direct and indirect costs resulting from health disparities among geographies and populations in the province.

In order to realize a future with a high-performing health system and a population with high uptake on wellness initiatives and self care, the health system requires significant innovations in the areas of health and well-being, primary care integration, specialized and continuing care transitions, health system management enablers and workforce optimization. In order to be successful, initial steps toward required longer term changes and a sustainable future must occur over the next few years.

1.1.1 Actions

Priorities for Action	**Actions** **April 1, 2012 – March 31, 2013**
Understand the health needs of Albertans in the short and long term	• Continue to work with Alberta Health and others to ensure appropriate health status information is available by community, local area, zone and provincially. • Work with communities throughout the province to assess health and service needs, and to develop plans for service delivery that respond to local needs while leveraging the advantages of the broader provincial standards and services. As in 2011/2012 when 21 communities were engaged, in 2012/2013 approximately 15 additional communities will be engaged to better understand and respond to local population needs, and develop integrated service responses at the community level. • Under the leadership of and in collaboration with Alberta Health , Alberta Health Services will continue the work initiated in 2011/2012 to assess and plan for the changing demand for health services across Alberta over the next 20 years. The next phase of this work will include consideration of key directions, enablers and implications of innovations required to transform health and health services in Alberta. Key recommendations will be developed for designing service models that adapt to the evolving needs of Albertans and create a sustainable, cost-effective health system into the future.
Provide Albertans with health indicator information	• Under the direction of the Senior Medical Officer of Health, the *How Healthy Are We?* or a similar report will be updated on a regular basis and will provide a foundation for ongoing assessment of the health of the population of the province.
Develop processes and infrastructure to support assessment, service planning and performance reporting	• Continue the development of data repositories, data quality improvement, data analysis, and knowledge management and transfer activities to support provincial and local service planning and performance reporting.

2. DETERMINE PRIORITIES IN THE PROVISION OF HEALTH SERVICES IN ALBERTA AND ALLOCATE RESOURCES ACCORDINGLY

The previous section identified some of the key drivers that need to be addressed to improve the health of Albertans and to advance our goals of improving access, quality and sustainability. While there will always be more demand for service than the organization can reasonably fulfill, it is essential that the organization respond in an integrated manner, establish key priorities and invest its resources for the greatest impact in both the short and long term.

2.1 Integrating Service Response

As we further develop our service vision and strategies, Alberta Health Services will consider two fundamentally important and interlinked relationships. These are:

- How services are organized to meet the individual's needs for quality, accessible and sustainable care, from initial assessment through to treatment and discharge or ongoing care. This means designing our system along key pathways of care – describing health-care needs in the context of life events from birth to death and when treatment is needed. We will design these pathways based on best evidence and quality, and measure the improvement. Strategic clinical networks will be further established in 2012/2013 to lead the development and implementation of provincial directions, standards and clinical pathways.
- How services are shaped with communities and other partners to best improve health and prevent early onset of illness and injury. This second relationship requires focus on specific improvement goals tailored to these communities and groups, developing cross-cutting inter-ministerial supports and enabling local ownership of these improvements.

As a first step toward this vision of integration and improvement, we have further identified our change efforts into the delivery stages of wellness, primary health care, access and flow, and seniors care. Each of these pieces inter-relates and is supported by other improvement programs. Understanding the overall root cause of delays in access to the right care, in the right place, at the right time, by the right provider, across the continuum, has revealed specific change efforts that can be delivered through these focused areas.

2.2 Establishing Priorities

Alberta Health Services planning occurs in a co-ordinated and collaborative environment with Alberta Health and in alignment with Alberta's 5-Year Health Action Plan 2010–2015. This approach to planning reflects the one-system nature of health services in Alberta and facilitates strategic, program, infrastructure, resource and policy alignment that enables system improvement and sustainability. During 2011/2012 collaborative planning between Alberta Health and Alberta Health Services resulted in significant direction setting in key areas that has informed this plan and includes:

- Development of the Addiction and Mental Health Strategy;
- Development of the Cancer Care Strategy;
- Refresh of *Alberta's 5-Year Health Action Plan 2010–2015* to describe important initiatives in 2012/2013 that will move services closer to 2015 improvements and targets;
- Recommendations of the Health Quality Council of Alberta Review, February 2012.

Alberta Health Services zones, Cancer Care and other service areas have developed operating plans for the three year period 2012–2015. These plans, along with the 16 directional statements described in context section of this document have informed the development of this overall health plan. In addition, Alberta Health and Alberta Health Services' board, senior leaders and executive participated in priority setting exercises that established priorities for change in each of the five key strategy areas of the 5-Year Health Action Plan. A description of the priority-setting process and the criteria ranking tool is provided in Appendix II. The priorities identified through this ranking process are included in the list below. Additional priorities were identified based on long-term strategic direction and the sustainability of the organization, assessment of current and emerging needs, and new policy directions.

These priorities support the 16 direction statements described earlier in this document and are further reflected through budget allocations outlined in the 2012/2013 Operating Budget and Business Plan in Appendix III of this plan. The priorities identified for 2012/2013 are:

Be Healthy, Stay Healthy

- **Reduce inequities** in health outcomes with a focus on vulnerable populations.

Strengthen Primary Health Care

- **Expand the primary health-care** service scope to include family-care clinics.
- Develop and implement the key components of the provincial **Addiction and Mental Health Strategy**, including integrated community based supports.

Improve Access and Reduce Wait Times

- **Improve wait time measurement and** active management of wait lists and other initiatives to increase access to specialty services.
- **Develop acute care capacity** to address demand and **capacity management** to deliver appropriate care at the right time, by the right provider.

Provide More Continuing Care Options

- **Invest in home care expansion and redesign** the range of programs to include respite, day support programs, post acute, continuing and palliative care.
- Implement key components of the **Continuing Care Strategy**, including increasing capacity through continuing care centres/campuses of care.

Build One System

- Create **strategic clinical networks** to improve service quality, reduce variability, improve innovation and foster research that positively impacts the health of individuals and families.
- Enhance **service quality** and improve **patient safety**.
- **Optimize the clinical workforce** through strategies to enhance practice leadership and practice excellence, and to expand the scope of practice of key health professionals.
- **Invest in essential Information Technology (IT) infrastructure** such as clinical information systems and information technology enabled clinical pathways to support and embed best practices into delivery of care.

Alberta Health Services continues to improve the way we function as a provincial system, with particular attention to the support we provide to our staff and physicians to deliver this care, and improvements in the way our organization operates. Significant enabling plans related to finance, infrastructure, information technology, health technology assessment, and innovation and workforce have been developed and aligned with the priorities and outcome targets identified in this Health Plan.

2.3 Allocating Resources and Financial Plan

Stable funding through 2014/2015 provides Alberta Health Services with the ability to make long-term plans, while maintaining budget control. This is the third year of a five-year funding commitment made by the Government of Alberta to support Alberta Health Services in fulfilling its mandate. This commitment provides funding increments of six per cent for the first three years of the arrangement and 4.5 per cent for the final two years.

Establishing priorities is an essential part of the organizational decision-making process. Ensuring that decisions on resource allocation are aligned with the established priorities and support the strategic direction described in this health plan is essential to achieving the objectives of the organization. Allocation of resources for 2012/2013 has been facilitated by the priority setting methodology described in Appendix II. Budget allocations are outlined in the Operating Budget contained in Appendix III.

2.4 Measuring and Monitoring Progress

In addition to establishing key priorities, Alberta Health Services measures and reports on progress to the government and the public, providing the level of transparency expected of our publicly funded organization. A number of measures have been established in collaboration with Alberta Health which correspond to each of the areas outlined in Alberta's 5-Year Health Action Plan. These measures support monitoring progress, informing staff and physicians, supporting the adjustment of actions as necessary to achieve the identified targets and assisting in communicating with Albertans about the value provided by health funding expenditures. Further work is being undertaken with Alberta Health and others to refine current measures and to develop additional measures.

This document includes Alberta's health system performance measures. Strategic performance measures are used to measure the gap between current and targeted performance in priority improvement areas. These measures reflect government's health-care priorities, are actionable measures with targets and clear lines of accountability to affect change. New performance measures are under development for tracking and reporting on results achieved in improving the appropriateness and efficiency of acute care hospital use, so Albertans receive the right care, at the right time, from the right health-care provider. Measures under development include hospital readmission rates within 30 days of discharge from hospital, among other indicators of hospital use. Four existing measures may be taken off of the list of system performance measures, while methodology and definitions may change for additional measures.

It should also be noted that an ongoing challenge with monitoring progress relates to the assurance of data quality and integrity. Much work has been done over the past three years to improve the consistency, reliability and validity of definitions used throughout the province and with Alberta Health . Continued effort will be focused in this area.

2.5 Achieving Sustainability

Sustainability, while very important from a financial perspective, also includes the development of our workforce, our ability to provide quality and accessible services, and the efforts of the organization to prepare for the future health needs of Albertans. Work to promote sustainability must focus on the short-term, medium-term and long-term. In the short-term for example, we need to prepare for a change in funding from six per cent to 4.5 per cent under the five- year funding commitment from government. This means we have the opportunity to build upon existing initiatives to promote sustainability, including workforce transformation, review of our business processes, and realization of administrative efficiencies. As well, the introduction of strategic clinical networks to identify best practices and care pathways and to promote appropriate and effective service delivery, and continuity of care will help manage service variability and utilization, and promote access to quality care. Health promotion and disease prevention initiatives will provide benefits in the longer-term but will require investment in the short- and medium-term for future results. Aligning and balancing investments across our services and supports, and taking action now will work together to build a sustainable future.

3. ENSURE THAT REASONABLE ACCESS TO QUALITY HEALTH SERVICES IS PROVIDED IN AND THROUGH ALBERTA HEALTH SERVICES

Albertans have identified long-standing issues of access to services as an area of concern. While wait times in emergency departments are a particular focus and we are moving toward a target, access to a family physician and other primary health-care services, specialists, cancer treatment and continuing care services have also been identified as needing improvement.

Alberta Health Services will continue its work to:

- Improve Access and Reduce Wait Times
- Provide More Continuing Care Options
- Strengthen Primary Health Care

These three areas of focus, including related performance measures, are described further in this section of the Health Plan. The information presents the macro description of the change required, while more detailed work is ongoing in translating this effort into clinical pathways and local integrated improvement plans.

Alberta Health Services' zones and Cancer Care have developed integrated planning documents for 2012–2015. The zone-based plans focus primarily on actions to support the achievement of access and wait time targets. A Zone Integrated Health Service Operations Plan, or ZIP, is a zone specific, three-year plan which provides a line of sight between where services are today and how they need to change in order to meet current and future demands. Appendix IV contains an overall summary of the ZIPs, as well as zone specific summaries and a summary of the provincial Cancer Care Integrated Plan.

3.1 Improve Access and Reduce Wait Times

Timely and appropriate access supports good clinical outcomes. Deterioration of health is reduced, unnecessary duplication of investigations is avoided and the burden to individuals, families and supports is minimized as much as possible.

Over the last 10 to 15 years access to services has become increasingly difficult due to a number of factors, including population growth, an aging population, disease complexity, system expansion and reorganization, public expectation and workforce changes. Alberta Health Services recognizes the need to address each of those components in order to achieve optimal outcomes for Albertans.

WHAT ARE WE AIMING TO ACHIEVE?

Long range maximum wait times will be:

- four hours length of stay for discharged emergency department visits;
- eight hours length of stay for admitted emergency department visits;
- one month to specialist;
- cancer – one month from prescription for radiation therapy to start of treatment;
- scheduled surgical procedures – 14 weeks to treatment.
- Improved service quality and safety, and improved flow and access to the right care.

WHAT ACTIONS ARE WE TAKING IN 2012/2013?

Developing **acute care** capacity to address demand and **capacity management** to deliver appropriate care at the right time, by the best provider. This includes:

- Commissioning new facilities such as South Health Campus in Calgary, the Edmonton Clinic, the Strathcona Health Centre, Queen Elizabeth II Hospital, and Fort Saskatchewan Health Centre as well as opening up additional available capacity in several existing sites.
- Evaluating and expanding initiatives such as medical assessment unit models, other process transformations and health technology assessments (integrated with strategic clinical networks as appropriate).
- Implementing hospital flow initiatives such as optimizing operating room booking and flow, using real time data, implementing accountability frameworks for clinicians and operations teams, and pooled intake models, as appropriate.
- Exploring the use of communication technologies to link primary care and specialists across Alberta.

Improving **wait time measurement** and active **management** of wait lists and other initiatives to increase access to scheduled and other services, including capacity for lung, cardiac, hip and knee, and cataract surgeries. Includes developing standardized referral, intake, triage content and booking processes to improve access to specialty care.

Creating primary health-care options including establishing family care clinics and strengthening existing successful partnerships.

Establishing strategic clinical networks and developing integrated care pathways for key conditions that account for significant morbidity and mortality. This includes patient information and navigation, and initiatives to improve all six dimensions of quality (appropriateness, safety, efficiency, effectiveness, acceptability, accessibility).

Developing standardized criteria for access to diagnostic imaging to enable more efficient diagnosis and assessment.

Improving access to cancer care through implementation of initial components of the provincial cancer care plan which include promotion and prevention, screening, diagnosis, access to treatment and care, and managing conditions.

HOW WILL WE MEASURE PROGRESS?

Refer to the action plan on the following pages for performance measures and targets.

3.1.1 Improve Access and Reduce Wait Times - Actions

Priorities for Action	**Actions* April 1, 2012 – March 31, 2013**	**Performance Measures****	**Last Actual (year)**	**Targets**		
				2012/ 2013	**2013/ 2014**	**2014/ 2015**
Reduce the wait time for surgical procedures.	Continue to increase surgical capacity through increased volumes, implementation of wait time management systems, and more efficient use of operating rooms [1.15]. Actions include: • Provincial Access Team/ Wait Time Measurement and Management Program/ Adult Canadian Access Targets for Surgery (ACATs) project – implement ACATS as standard provincial waitlist tool across targeted surgical specialties. • Provincial Access Team/Wait time Measurement and Management Program/ implement wait list policy and cleanup for targeted surgical clinics. • Develop procedures/processes, based on waitlist validation work completed in 2011/2012 to ensure ongoing waitlist accuracy and consolidation in 2012/2013. • Review central intake methodologies to improve "next available surgeon" options to new referrals. • Inform all patients of options related to waiting time. Cardiac • Implement cardiac surgery/coronary artery bypass graft (CABG) wait time improvement project. Hip and Knee • Implement year 2 hip and knee arthroplasty volumes across zones: approximately 9085 procedures (665 incremental for 12/13). Cataract • Implement Year 2 cataract volumes across zones. Lung surgery • Implement 184 additional lung surgeries by March 31, 2013	**Provincewide access to surgery** [1.1] **Wait time for cardiac surgery:** The maximum time nine out of ten people will wait (in weeks) from decision to treat to treatment, for: coronary artery bypass surgery (CABG), by urgency level • Level 1 = Urgent • Level 2 = Semi-Urgent • Level 3 = Scheduled Source: AHS	1.9 weeks 6.2 weeks 28.8 weeks (2011-2012)	1 week 2 weeks 6 weeks	1 week 2 weeks 6 weeks	1 week 2 weeks 6 weeks
		[1.2] **Wait time for hip replacement surgery:** The maximum time nine out of ten people will wait (in weeks) from decision to treat to treatment Source: AHS	39.8 weeks (2011-2012)	22 weeks	18 weeks	14 weeks
		[1.3] **Wait time for knee replacement surgery:** The maximum time nine out of ten people will wait (in weeks) from decision to treat to treatment Source: AHS	48.0 weeks (2011-2012)	28 weeks	21 weeks	14 weeks
		[1.4] **Wait time for cataract surgery:** The maximum time nine out of ten people will wait (in weeks) from decision to treat to treatment (first eye) Source: Alberta Wait times Registry (AWR)	35.1 weeks (2011-2012)	25 weeks	19 weeks	14 weeks
		[1.5] **Wait time for all other scheduled surgery:** The maximum time nine out of ten people will wait (in weeks) from decision to treat to the time of surgery Source: AWR	25.9 weeks (2011-2012)	Work is underway to establish wait times by type of surgery		14 weeks

Reduce the wait time for **cancer care**.	Implement the provincial plan for cancer. [1.19] In 2012/2013 this will focus on access and include actions such as: • LEAN Project; use LEAN process to assess patient and paper workflow from receipt of referral to consult. • Standardize referral guidelines: standardize referring information by tumour group and use of web based application will increase number of complete referrals, ensure appropriateness of referrals, and decrease wasted time between offices and facilities. • Expanding the initial first patient contact pilot project to all tumour groups to decrease triage time and therefore overall wait times. • Workforce Evaluation: to evaluate current roles and scope, new roles and expansion of current roles to full scope of practice to maximize. effectiveness of current staffing • Radiation therapy wait time: implement referral to first consult – improvement project. • Develop the Cancer Care Strategic Clinical Network. • Implement a provincial cancer patient navigation strategy aligned with the system wide navigation and case. management initiative. • Implement a provincial breast health framework.	**Access to cancer treatment – radiation therapy wait time:** [1.6] The maximum time nine out of ten people will wait (in weeks) from referral to the time of their first appointment with a radiation oncologist, by facility				
		• Cross Cancer Institute	4.9 weeks	3 weeks	2 weeks	2 weeks
		• Tom Baker Cancer Centre	6.3 weeks	3 weeks	2 weeks	2 weeks
		• Jack Ady Centre	3.9 weeks	3 weeks	2 weeks	2 weeks
		Provincial average [1.7]	5.3 weeks			
		The maximum time nine out of ten people will wait (in weeks) from the time of a medical prescription for radiation therapy to the start of radiation therapy, by facility				
		• Cross Cancer Institute	3.0 weeks	4 weeks	4 weeks	4 weeks
		• Tom Baker Cancer Centre	3.4 weeks	4 weeks	4 weeks	4 weeks
		Jack Ady Centre	1.4 weeks	4 weeks	4 weeks	4 weeks
		• Provincial average				
		Source: AHS Cancer Care	3.1 weeks			
		Note: Jack Ady Cancer Centre (Lethbridge) data is included as of Q3 2010/11.	(2011/2012)			
Reduce the length of stay for **emergency department** patients.	Continue to reduce long-stay patients in hospitals to free capacity for acute-care patients by ongoing initiatives. [1.6] This includes: • Medical assessment units – evaluation of current units and the development of additional units as appropriate. • Over-capacity protocols – continue to refine. • System flow initiative in hospitals, including processes for timely and efficient discharge. • Assess results of Care Transformation Project and develop plan for further refinement and implementation of this approach. • Further enhance EMS practitioner role by expanding assess/treat/refer protocols to avoid unnecessary transports to emergency department and promoting referral to appropriate health and/or social service through expansion of Community Health and Pre-Hospital Support Program (CHAPS). Expand primary health-care options for services throughout the province, in order to improve 24/7 access to services. [1.10] This includes: • Implementing three family care clinic pilot projects; • Continue collaboration with AHW on primary health care improvements. • Ensure the best use of hospital beds through new services, better hospital flow, and better integration with community and tertiary care teams. [1.12] Actions include: Provincial Access Team/ Acute Care Capacity Management Program/ Medworxx implementation – Edmonton Acute Care and Mental Health Facilities automated tracking and management of discharge readiness and ELOS.	**Emergency department length of stay**	65% 80% (2011/2012)	80% 86%	85% 88%	90% 90%
		[1.8] Percentage of patients treated and discharged from the emergency department within four hours:				
		• Busiest 16 sites	45%	75%	85%	90%
		• All sites	55%	75%	85%	90%
		Source: AHS	(2011/2012)			
		[1.9] Percentage of patients treated and admitted to hospital from the emergency department within eight hours: • Busiest 16 sites • All sites Source: AHS				

Priorities for Action	Actions* April 1, 2012 – March 31, 2013	Performance Measures**	Last Actual (year)	Targets		
				2012/ 2013	2013/ 2014	2014/ 2015
	• Provincial Access Team/ Acute Care Capacity Management Program/ REPAC project – Emergency Department wait times available to the public, increases transparency and load levelling across urban sites. Optimize quality and patient flow improvement initiatives under the Emergency Department system improvement project occurring at the Royal Alexandra Hospital, University of Alberta Hospital, Peter Lougheed Centre, Rockyview General Hospital and Foothills Medical Centre. Focused efforts on four hour and eight hour Emergency Department targets e.g.; door to doctor and doctor to disposition. Implementation of action plans are adjusted based upon findings of the various quality improvement strategies.					
Help Albertans find their way around the health system	Implement strategies to further support people to navigate through the system. [1.27] Actions include: • Development and implementation of system wide case management and navigation model beginning with proof of concept testing in 2012/2013. Includes identification of capacity to disseminate core competencies for health-care providers in system wide case management/navigation across the continuum of care.	Percentage of individuals who access the Health Link (a 24/7 telephone advice and health information service) within two/one minute(s). (*Note:* not a health system performance measure.)	81% in two minutes (2011/2012)			90% in one minute
Improve patient care across the continuum. (standardized clinical pathways, care plans to increase efficiency and quality).	Implement consistent care and treatment plans for high priority areas and develop others. [1.24] In 2012/2013 this includes: Establish strategic clinical networks (SCNs) to lead the development of evidence based improvement. The SCNs are: • Obesity, Diabetes and Nutrition • Seniors' Health • Bone and Joint Health • Cardiovascular Health and Stroke • Cancer Care • Addiction and Mental Health • Population Health and Health Promotion • Primary Care and Chronic Disease Management • Maternal Health • Newborn, Child and Youth Health • Neurological Disease, ENT and Vision, • Complex Medicine (includes respiratory).	New measures being finalized: All cause 30 day readmission rates Percent of inpatient days identified as ALC Actual hospital days compared to expected length of stay Mental health inpatients experiencing delays in discharge				
Increase system capacity to support access to services	Expand and/or redevelop numerous health facilities in communities around the province. [1.7] Commission new facilities: • South Health Campus (Calgary) • Edmonton Clinic • Strathcona Health Centre (Sherwood Park) • Queen Elizabeth II Hospital (Grande Prairie) • Fort Saskatchewan Health Centre					

* Numbers in brackets [ ] refer to mid to long term actions identified in Alberta's 5-Year Health Action Plan 2010 – 2015.

** Numbers in brackets [ ] refer to measures included in Alberta's Health System Performance Measures November 30, 2010.

3.2 Provide More Continuing Care Options

By 2030, one out of five Albertans will be more than 65 years old and the average age of Alberta's population will continue to increase. Many seniors will be more independent and healthier than in previous generations. Others, including those with multiple chronic illnesses and disabilities, will need health care and will want options that allow them to receive care while continuing to live in their own homes and communities.

WHAT WE ARE AIMING TO ACHIEVE?

Seniors will have services to support independence and wellness. This will be achieved through the use of co-ordinated access policies, standardized assessments, and consistent admission guidelines for living options and home care to ensure seniors receive appropriate access and service. Services will be enhanced to include:

- access to primary care, health check-ups, medication reviews, and social and day services;
- expanded range of services provided through home care programs, including respite, post-acute support, continuing care and palliative care;
- enhanced community supports to: promote self-care, provide care for caregivers and reduce unnecessary visits to emergency departments and unplanned hospitalizations of seniors;
- expanded supportive living capacity.

Seniors will receive standardized assessments and co-ordination of access to care, including access to an appropriate service package (including long-term care and supportive living) within one month of assessment.

Seniors will have access to an increased number and range of living options that will meet the growing needs of the aging population and will allow residents to progress easily from one level of care to another.

Enhanced palliative care programs that are standardized and support best practice.

Enhanced co-ordination and standardization of services, through consistent admission guidelines, system-wide case management and better linkages to other services.

All seniors will receive safe, quality care based on consistent provincial standards, and monitored for compliance and to support quality improvement.

Service providers will receive equitable funding based on residents' needs, including incentives for quality.

WHAT ACTIONS ARE WE TAKING IN 2012/2013?

We will invest in **home care expansion and redesign** to allow more seniors the choice to remain in their homes for as long as possible. The range of programs will include respite care, day support programs, post acute support, continuing care and palliative care services.

Key components of the continuing care strategy will be implemented, increasing the number and type of living options and spaces across the province through:

- accessible and sustainable community living options with co-ordinated access to continuing care
- Continuing Care Centres
- a robust seniors health capital and operational plan.

Palliative care will be expanded beyond the hospital to provide more services in the community.

A systematic and consistent Advanced Care Planning: Goals of Care Designation process will be developed for Alberta Health Services.

Use of technology, volunteers and communities as innovative delivery mechanisms.

HOW WILL WE MEASURE PROGRESS?

Refer to the action plan on the following pages for performance measures and targets.

3.2.1 Provide More Continuing Care Options - Actions

Priorities for Action	Actions* April 1, 2012 – March 31, 2013	Performance Measures**	Last Actual (year)	Targets		
				2012/ 2013	2013/ 2014	2014/ 2015
Provide Albertans with **continuing care options** to "age in the right place" by enhancing support services and offering more choice and care options to Albertans in their homes and communities	Add over 1000 continuing care spaces in 2012/2013. [2.2] Work with AHW to develop two Continuing Care Centres as concept demonstration projects.	**Access to continuing care** [1.12] Number of people waiting in an acute care /sub acute hospital bed for continuing care.	467 (March 31, 2012)	350	300	250
		[1.13] Number of people waiting in the community for continuing care.	1,002 (March 31, 2012)	850	800	750
		[1.14] Average length of stay for patients waiting in an acute care/sub acute hospital bed for continuing care: Source: AHS • Patients waiting for long-term care facility placement. • Patients waiting for supportive living placement in the community.	41 days (2011/2012)	Collaborative AHW and AHW work on methodology is currently in progress		
Provide Albertans with **home care options** to age in the right place by enhancing support services and offering more choice and care options to Albertans in their homes and communities	Continue to expand home care by adding more hours for those requiring short-term care, in order to prevent hospitalization or an emergency situation. [2.6] Actions in 2012/2013 include: • Implementation of home care services guidelines to bring long term home care clients to an average of 120 hours per year for all zones by 2014/2015. Further develop and implement the Home Care Redesign strategy to address: • Home Care Service Guidelines and Standardization and Service Integration; • Basket of Services Standardization; • Activity Based Funding.	**Home care** [1.15] Number of home care clients by client type: • Short-term client • Long-term client • Palliative care client	104,704 number of unique home care clients (2011/2012)	Collaborative AHS and AHW work on methodology for home care measure(s) is currently in progress		
Ensure people with special needs receive support, care and skilled attention from trained staff.	Expand palliative care beyond the hospital to provide more services in the community. [2.18] • Work with AHW and other partners to identify range of options for end of life care. Increase dementia care spaces. Develop an AHS wide approach to support mental health patients in congregate living settings.					
Develop Advanced Care Planning: Goals of Care Designation.	Develop an Alberta Health Services wide systematic and consistent best practice in Advanced Care Planning/Goals of Care Designation process, including for palliative care (for adult and pediatric population and across the care continuum).					

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* Numbers in brackets [ ] refer to mid to long term actions identified in Alberta's 5-Year Health Action Plan 2010 – 2015.

** Numbers in brackets [ ] refer to measures included in Alberta's Health System Performance Measures November 30, 2010.

1 Reporting methodology for number of home care clients has changed from previous years. Currently the approach to switch to unique home care client count has eliminated the risk of double counting clients, increasing accuracy and consistency in this measurement.

3.3 Strengthen Primary Health Care

Primary health care is the front door to health care, with the individual's first point of contact with the health system often being a visit to the family physician. The case for primary health care is well established: stronger primary health care leads to better health outcomes and more efficient health-care delivery.

With the aging population and chronic disease on the rise, it is imperative Albertans have access to the best primary health-care system. This will help them maintain good health and access the services they need, when they need them. Support is also needed for individuals with addiction and mental health problems or complex chronic conditions, and seniors through co-ordinated services provided by a primary health-care team.

WHAT ARE WE AIMING TO ACHIEVE?

An integrated, team based approach to primary health care where Albertans will have a responsible primary care physician and health-care team.

Expanded primary health care-services to improve access:

- people will be seen by a primary health-care team member within two days
- access to appropriate 24/7 primary health-care services will be available
- timely and appropriate access will be available to more specialized levels of care co-ordinated by the primary health-care team
- Albertans will have access to care and resources to self-manage and improve their health
- support for self-management of complex conditions and chronic disease, including addiction and mental health, will be provided by a primary health-care team.

Interventions will be developed to improve outcomes of specific communities/populations based on needs assessments and engagement.

Reliance on acute care will be reduced as a result of improvements in primary health care.

WHAT ACTIONS ARE WE TAKING IN 2012/2013?

Expanding **primary health-care** service scope to include case management, self-management programs, addiction and mental health and obesity programs.

Developing and implementing the key components of the provincial **Addiction and Mental Health Strategy**, including integrated community based supports and improved access to children's mental health services.

Improving access to services and ensure appropriate services are delivered in the appropriate time and place, by the appropriate provider. This includes primary health-care networks and teams, family care clinics, access and follow-up processes.

Increasing emphasis on health promotion in the community with initiatives such as:

- Increasing prevention of injury and disease including diabetes, high blood pressure and chronic pain.
- Targeting tobacco reduction, obesity and alcohol consumption.
- Partnering and collaborating on school-based children's mental health using capacity building approaches

Using a population-based health status/needs approach to community assessment, and shared planning to integrate primary and community health service delivery.

Enhancing service delivery to disadvantaged and vulnerable populations includes developing and implementing patient centred decision support tools such as registries and clinical care pathways.

HOW WILL WE MEASURE PROGRESS?

Refer to the action plan on the following pages for performance measures and targets.

3.3.1 Strengthen Primary Health Care - Actions

Priorities for Action	**Actions* April 1, 2012 – March 31, 2013**	**Performance Measures****	**Last Actual (year)**	**Targets**		
				2012/ 2013	**2013/ 2014**	**2014/ 2015**
Apply and advance a patient-focused model of primary health care that offers care in the community, and provides a team based provider approach.	Continue to introduce new programs, practices, and policies to give all Albertans access to a primary health-care team by introducing formal enrolment. [3.3] 2012/2013 actions include: • Developing a primary health care plan, which builds on 2011/2012 access initiative planning, and includes a focus on individual- and family-centred, team-based care. • Implementing three family care clinic pilot projects.					
Provide information.	Continue to develop and expand the myhealth.alberta.ca personal health portal to provide secure online access to personal clinical health information and personalized tools that enhance access to the health system. [3.14]					
Help Albertans manage chronic disease and maintain healthy weights.	Improve care for Albertans with complex, chronic conditions by: [3.16] Implementing the primary care components of the provincial strategy for the prevention and management of obesity, including: • Continuing to implement provincial obesity program pathways for adults and pediatrics within each zone, continuing the development and implementation of primary care clinical pathways initiated in 2011-12 • Developing and expanding specialty care capacity for complex management of bariatric patients in Grande Prairie (adult) and Calgary (pediatric). • Establishing a research framework for evidence-based obesity health service delivery. • Continuing to develop chronic disease management teams and provider training • Continuing to develop targeted obesity and CDM services for aboriginal residents and other diverse populations across the province. • Funding of primary care projects to evaluate promising practices for obesity prevention and management. Reaching Albertans through targeted communications. • Targeted communication in 2012/2013 related to: tobacco cessation, low risk drinking, healthy eating and active living. Tracking Albertans with chronic conditions; • Provincial Chronic Disease Registry project – beginning with Diabetes in the South Zone in 2012/2013.	[1.10] Ambulatory care sensitive conditions:[2] Rate of hospital admissions for health conditions that may be prevented or managed by appropriate primary health care (rate per 100,000 population under the age of 75). [3] Note: not a health system performance measure.	278 (2011-2012)	282	280	280
	• Interactive Continuity of Care Record – CDM registry and care plan project beginning with a Point in Time Care Plan for patients with diabetes to be posted to NetCare. Future phases include additional chronic diseases and the ability to update at point of care across the continuum. Integration with primary care electronic medical records are a later phase along with patient access to the care plan through the personal health portal. Engaging with Albertans to help them manage their own health conditions. • Collaborative complex care planning provide health care providers with resources to support patient engagement in their care planning and health decision making. • Self management support - develop and implement a model that includes health coaching training Alberta health care providers to support patient self-management.	[1.11] Family physician sensitive conditions - the percentage of emergency department or urgent care centre visits for health conditions that may be appropriately managed at a family physician's office.	26.4% (2011-2012)	23%	22%	22%

Ilmprove the availability and accessibility of addiction and mental health services for Albertans in community settings, especially services for children and youth.	Implement programs, practices and policies to support the addiction and mental health strategy developed in 2010-11. [3.10] Actions to be completed in 2012/2013 include: • Post partum depression screening. • Defining a basket of fundamental services for addiction and mental health. • Expanding tele-mental health • Developing a housing and supports framework. • Developing a plan to better address the needs of complex persons with developmental disabilities. Continuing implementation of the Children's Mental Health Plan and the Positive Futures Framework, including school based mental health capacity building approaches. Add additional treatment beds for addicted youth to the Protection of Children Abusing Drugs (PCHAD) Program. [3.11] In 2012/2013: - Four youth addiction treatment beds will be added to the provincial PChAD services system [note: Act Amendment to be proclaimed in 2012].	[1.16] Access to children's mental health services Percentage of children aged 0 to 17 years receiving scheduled mental health treatment within 30 days [4]	76% (2011-2012)	92%	92%	92%
Improve the quality and delivery of primary health care.	ImpleImplement the provincial primary health-care plan, including implementation of a plan for chronic disease prevention and management. [3.20] • The Primary Health Care Plan is in development, influenced by consultations with numerous stakeholders including health advisory councils, primary care networks, physician groups and other AHS departments; the plan is linked to planning at the provincial level in collaboration and consultation with Alberta Health. This work is also integrated with obesity management planning and the chronic disease management strategy. Reduce health gaps in rural areas and among vulnerable populations by targeting and modifying services to match care needs, and provide better support and training for staff. [3.22] • North and South Zones are planning for the developing obesity programming for vulnerable populations. • Developing and documenting best and promising practices for quality and delivery improvement for primary care and chronic disease management programs for homeless and other diverse and vulnerable populations.					

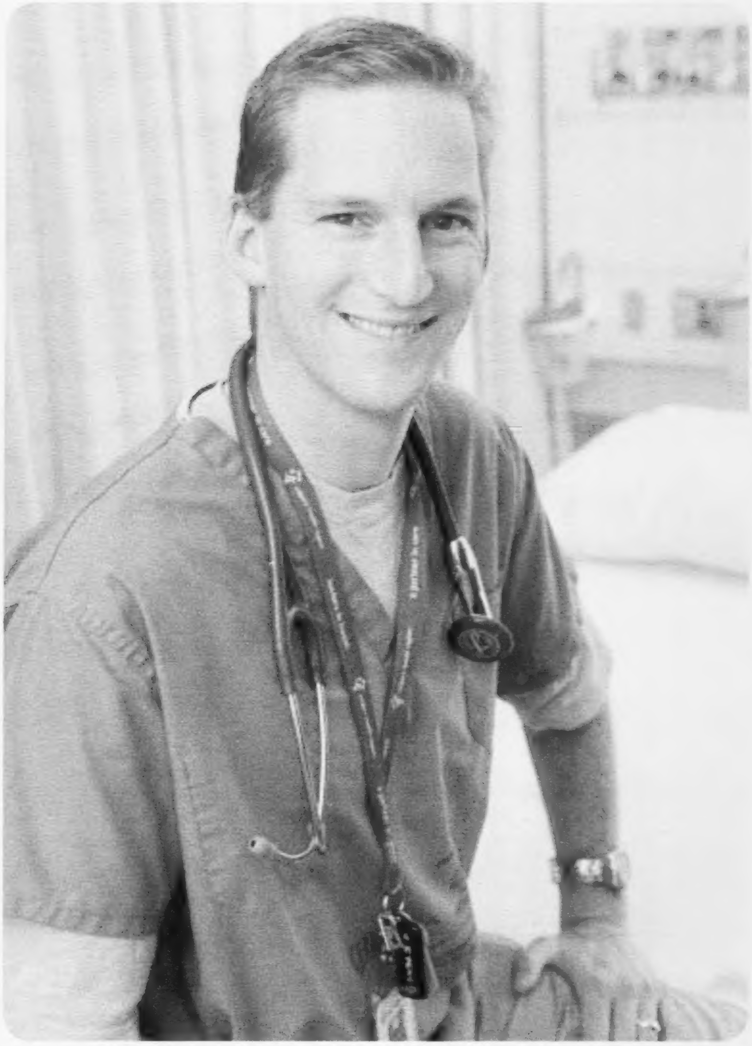
* Numbers in brackets [ ] refer to mid to long term actions identified in Alberta's 5-Year Health Action Plan 2010 – 2015.

** Numbers in brackets [ ] refer to measures included in Alberta's Health System Performance Measures November 30, 2010.

2 Ambulatory care sensitive conditions include: angina, asthma, chronic obstructive pulmonary disease (COPD), diabetes, grand mal seizures/ epileptic convulsions, heart failure/ pulmonary edema, and hypertension.

3 Sources: AHS Discharge Abstract Database and Provincial Ambulatory (ED/Urgent Care) Abstract Data

4This measure is the time a child waits from the point of referral to the time he/she is seen by a therapist. "Scheduled" means that the child has symptoms or problems that require attention, but the symptoms or problems are not emergent or urgent.



4. PROMOTE AND PROTECT THE HEALTH OF THE POPULATION IN ALBERTA AND WORK TOWARD THE PREVENTION OF DISEASE AND INJURY

Health inequities exist in Alberta and are a growing concern. Despite universal access to health services and a generally high standard of living, there are considerable differences in health status among Albertans. These are linked to social and economic factors, notably income, education and employment. The consequences of not addressing health inequities are reflected in increased health spending and lost productivity. A co-ordinated effort is required to promote and protect the health of all Albertans and to address health inequities.

Alberta Health Services is developing a collaborative approach within the organization and with other partners to reduce health inequities. This work includes strengthening capacity, enhancing knowledge development, exchange and translation, and undertaking targeted action. Increasing our focus and effort on health equity is seen to be a strong contributor to achieving transformational improvement in the area of staying healthy, improving population health and supporting overall system sustainability.

Together, Alberta Health Services and Alberta Health have established a strong agenda for improving the health of all Albertans through a focus on wellness, health promotion, and disease and injury prevention, including chronic disease prevention. Alberta Health Services will work collaboratively with Alberta Health and others to more fully define all of the actions required in this arena, with joint planning activities being undertaken during 2012/2013.

4.1 Be Healthy, Stay Healthy

The health of individuals and Alberta as a whole is affected by several factors: the socioeconomic environment; where we live and work; genetic makeup, the presence of risks to health; individual lifestyle choices; and access to health services and supports. Taken together, these factors determine how healthy we are as individuals and as Albertans.

Being healthy is essential to achieving a high quality of life. As Alberta's population grows and ages, the number of people with chronic diseases will increase. That means more demand for hospital beds, continuing care and other services unless Alberta Health Services increases efforts to keep people healthy.

WHAT ARE WE AIMING TO ACHIEVE?

Advancement of health equity through:

- shared responsibility: a collaborative approach and action on the social determinants of health. This includes organizational leadership, inter-sectoral stewardship and focused efforts to strengthen capacity, knowledge development, exchange and translation, and action.
- a balance of universal and targeted approaches to improve the health of the entire population and the health status of vulnerable groups.

Improved range of services that help people to stay well and avoid injuries and chronic diseases through:

- working with communities and agencies to create healthier social and physical environments that enhance wellness and promote healthier behaviours.
- implementing programs to reduce rates of tobacco use, poor nutritional status, unhealthy weights, alcohol misuse, physical inactivity, stress, and disease and injuries (intentional and unintentional) within the population.
- promoting mental health and resiliency across the life span.

Increased access to cancer prevention and screening programs for early detection and to minimize the need for interventions.

Enhanced self-management supports including self-navigation through Health Link, increased availability of accurate information, on-line resources, proven programs and tools, personalized care plans and the use of technology.

WHAT ACTIONS ARE WE TAKING IN 2012/2013?

Strengthening organizational capacity to promote health equity including:

- raising awareness of health equity, the social determinants of health and the Alberta Health Services promoting Health Equity Framework.
- Building relationships within and external to Alberta Health Services to advance health equity.
- Developing and implementing strategies to support child and maternal health.
- Building a comprehensive, collaborative, integrated provincial program to deliver culturally appropriate health services and health promotion initiatives to aboriginal residents across the continuum of care.

Strengthening initiatives to prevent injuries and disease, including immunization programs, a sexually transmitted infection control plan, and collaborative action to reduce alcohol and tobacco consumption and related harms.

Implementing and advocating for a comprehensive and integrated set of programs and policies to promote healthy weights in schools, workplaces and community settings.

Emergency preparedness - provincial strategy, response plan and readiness (includes pandemic.)

HOW WILL WE MEASURE PROGRESS?

Refer to the action plan on the following pages for performance measures and targets.

4.1.1 Stay Healthy, Be Healthy - Actions

Priorities for Action	**Actions* April 1, 2012 – March 31, 2013**	**Performance Measures****	**Last Actual (year)**	**Targets**		
				2012/ 2013	**2013/ 2014**	**2014/ 2015**
Improving **immunization rates.**	Increase immunizations for children by two years of age. [4.23] - Develop and begin implementation of a co-ordinated plan to increase childhood immunizations and improve infrastructure and reporting supports to this work. This includes: survey of parents of immunized and unimmunized children to determine barriers to immunization; review of rates of immunization for children; explore options for new consent process.	**Prevention of communicable diseases** [1.17] **Rates of seasonal influenza immunization by age group in all service zones:** - children aged six to 23 months[5] - adults aged 65[6] years and older	30% (2010-2011) 61% (2011-2012)	75% 75%		
		[1.18] **Rates of childhood immunization by two years of age in all service zones:** - diphtheria/ tetanus/ acellular pertussis, polio, Hib - measles/ mumps/ rubella	Data not available at time of report for 2009 to current	97% 98%		
Improve population health through the integration of health promotion, disease and injury prevention and screening programs with other health-care delivery services as well as better co-ordination between health, government, municipal and other sectors.	**Child and maternal health** Introduce and support new programs to fight obesity and promote healthy weight and physical activity in children and youth. [4.4] - Adapt and pilot "Mind, Exercise, Nutrition – Do It" MEND 2-4, MEND 5-7, MEND 7-13 in a minimum of 10 Alberta Communities, including one First Nations reserve and one métis settlement by March 2013. - Develop and implement childhood growth surveillance to monitor obesity rates, inform policy, health promotion and program planning, and create a foundation for future research. - Implement the health promotion/prevention components of the provincial obesity program, which includes work with Develop a framework for comprehensive infant and preschool screening and follow-up services to support healthy childhood development in collaboration with Alberta Health and other ministries. Increase the involvement of primary health-care providers in health promotion, and disease and injury prevention. [3.21] - Begin implementation of the preschool screening framework and other programs to support healthy child development including standardized provincial resources for parents and professionals on early childhood development and safe infant sleep.	**Life expectancy** [2.1] The number of years a person would be expected to live, starting at birth, on the basis of mortality statistics The number of years a First Nations person would be expected to live, starting at birth, on the basis of mortality statistics.	Life expectancy Both sexes combined, Alberta: 81.9 years South Zone: 81.1yrs Calgary Zone: 83.4 yrs Central Zone: 80.5 yrs Edmonton Zone: 81.9 yrs	Over the next five years, AHW anticipates life expectancy will increase in a manner consistent with the Canadian average, with the goal of having life expectancy in Alberta above the national average. There is an expectation that the disparities in life expectancy throughout various zones in the province would decrease over the next five years, with the goal of having life expectancy in all geographical zones above the Canadian average. There is an expectation that there will be an increase in life expectancy among Alberta's First Nations populations over the next five		

	Implement programs that promote healthier birth outcomes, breastfeeding, and child and maternal health. [4.6] • Develop and disseminate standardized provincial prenatal and early postnatal education resources for mainstream and targeted populations including resources to support healthy pregnancy weight gain. • Develop strategies to increase breast feeding initiation and duration rates in collaboration with Alberta Health. • Continue collaboration with Alberta Health Iness on the development of a perinatal health strategy. **Prevent injuries and disease** Support provincial strategies to reduce the risk of transportation related deaths and injuries in Alberta. [4.11] • Support targeted areas of actions identified in the Alberta Traffic Safety Plan to reduce the risk of injury and death across Alberta including occupant restraint, distracted driving and impaired driving. Enhance programs to reduce falls in children and seniors. [4.12] • continued implementation of "A Million Messages"; • development of a teen injury risk management approach; • implementation of AHS Fall Risk Management Framework. Continue to increase supports for Albertans to quit using tobacco by: [4.13]. • Expand QuitCore to 16 sites across Alberta. • Further develop kindergarten to Grade 12 school programs to prevent alcohol, tobacco and drug abuse. • Increase the availability of tobacco cessation services in Alberta, including support to the development of tobacco-cessation programming for at-risk populations, enhanced telephone and computer-based counselling services and facilitating access to nicotine replacement therapy products and tobacco cessation medications. Continue to implement plans to reduce the incidence of sexually transmitted infections (STI) and blood borne pathogens (BBP). Includes: • Increase prevention and improve early detection and diagnosis. • Enhance management and control of STI and blood borne pathogens. • Strengthen support and counselling for those infected and affected	[2.2]] **Potential years of life lost:** The number of years of life a person loses prior to age 75, if they die prematurely due to injury, cancer, heart disease or other cause. Source: Alberta	North Zone: 79.4 yrs First Nations: 70.5 Non-First Nations: 82.3 (2011) Total population: 43.3 per 1,000 Population Males: Data Pending Population Females: Data Pending population (2011)	There is an expectation that potential years of life lost will be monitored and improvements will be seen over the next five years

Priorities for Action	Actions* April 1, 2012 – March 31, 2013	Performance Measures**	Last Actual (year)	Targets		
				2012/ 2013	2013/ 2014	2014/ 2015
	Continue to develop AHS emergency preparedness strategy/plans and assess readiness. **Screening programs** Continue to implement newborn metabolic screening standards across AHS. Develop a post partum depression screening tool and protocol as part of the AHW/AHS Addiction and Mental Health Strategy. Continue to develop education and awareness tools to prevent chronic diseases. [4.17] Includes: • Develop/adopt targeted and socio-culturally appropriate education and awareness tools for prevention and management of chronic diseases for diverse and vulnerable populations. Completion of an aboriginal Cancer/Chronic Disease Resource Manual funded by the Alberta Cancer Prevention Legacy Fund. This manual will assist health professionals working in cancer care and chronic disease /disability management in their work with aboriginal residents in Alberta. **Create healthier social and physical environments** Advocate for policies that promote a healthier society [4.26]; • Develop a built environment and health promotion strategy that includes zone action plans in consultation with key stakeholders to reduce risk conditions associated with cancer, injuries and chronic diseases. • Work collaboratively with school jurisdictions to develop school nutrition policies. Promote and improve equity in population health outcomes through advancing the Promoting Health Equity Framework within AHS. Implement an integrated food safety program to support improved and streamlined inspections, consistent documentation and reporting and follow-up supported by a provincial information system. • In collaboration with key internal and external partners/ stakeholders, develop and implement targeted strategies for addressing social determinants of health in improving access of the diverse and vulnerable populations to chronic disease prevention and management services					

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* Numbers in brackets [ ] refer to mid to long-term actions identified in Alberta's 5-Year Health Action Plan 2010 – 2015.

**Numbers in brackets [ ] refer to measures included in Alberta's Health System Performance Measures November 30, 2010.

5 Children (aged 6 to 23 months) Influenza Immunization Rate based upon the influenza season and therefore considers doses delivered from October through to May 15th. The rate up to March 31st as reported by Alberta Health and Wellness (AHW) is 28.5%.

6 Seniors (adults aged 65 and older) Influenza Immunization Rate based upon the influenza season and therefore considers doses delivered from October through to May 15th. The rate up to March 31st as reported by Alberta Health and Wellness (AHW) was 55.5%.

5. PROMOTE THE PROVISION OF HEALTH SERVICES IN A MANNER THAT IS RESPONSIVE TO THE NEEDS OF INDIVIDUALS AND COMMUNITIES, AND SUPPORTS THE INTEGRATION OF SERVICES AND FACILITIES IN ALBERTA

Integration of Services

Alberta Health Services is purposely building integration. We are taking a system-wide approach to improvement - our areas of focus cover prevention, primary health care, access and seniors and we are also building integrated care pathways. Our strategic clinical networks are working to develop a whole continuum of services and care approach, from primary and continuing care to population health needs and health promotion.

We are also integrating at a community level. Work undertaken in 2010 and continued through 2011 with local health advisory councils has helped to inform Alberta Health Services' priorities. We have developed integrated plans for each of our five zones and these plans have informed the development of this larger provincial Health Plan. These integrated plans will ensure we have understood the needs of communities and we have an integrated response across prevention, primary health care, access and continued supports. These are different in each zone, where the needs and stages of progress are different. However, these integrated plans will be informed by the clinical models and pathways developed by the strategic clinical networks, which include representation from all zones. A brief summary of each of the Zone Integrated Plans and the Cancer Care Integrated Plan is contained in Appendix IV.

Integration of Core Support Functions

Integration is also necessary for those areas of Alberta Health Services that support delivery of services directly to individuals and their families. In building one health system for all Albertans, the health service workforce and workplace and the foundational work necessary to integrate business support services on a provincial basis are key components that will allow us to deliver quality services.

5.1 Build One System - Workforce

It is imperative Alberta Health Services anticipate future workforce and workplace needs, and take action to attract and retain top talent. Alberta Health Services must develop a workforce matched to the needs of Albertans, and enable our staff and physicians to deliver quality and safe care by providing for appropriate scope of practice, meaningful engagement and the appropriate supports such as education, an attractive and safe work environment, and efficient and effective systems and other tools.

WHAT WE ARE AIMING TO ACHIEVE?

A healthy, engaged, skilled and optimized workforce - a workforce that is evidence-informed and uses a collaborative, team-based approach which enables professions to work to the full extent of their knowledge, skills and abilities.

Our culture will embody our values and be individual/family-centred, collaborative, evidence-informed, innovative and learning-oriented; we value our people, and their contributions, and encourage personal and professional growth.

Employees, physicians and volunteers will have a safe and healthy work environment, free from injury.

We will provide education, research collaboration, incentives, tools and information to support our people to achieve excellence in health
service delivery.

Meaningful staff, physician, and volunteer engagement will be a routine and expected part of our culture.

Integrated new service delivery models, including a shift of our workforce to primary health care and continuing care settings.

WHAT ACTIONS ARE WE TAKING IN 2012/2013?

Optimizing the clinical workforce through expanding the scope of practice of key health professionals based on our clinical workforce model and strategy, and which supports inter-professional teams and enhanced productivity.

Providing practice leadership for professions.

Facilitating discipline-specific and inter-professional practice improvement, and sharing of provincial approaches to best practice.

Providing training to support/enhance the development of inter-professional teams and new service delivery models.

Enhancing initiatives to retain and recruit workforce to support a shift to community-based care settings.

Implementing initiatives that foster a just culture, and initiatives that protect the safety of the workforce.

Building and maintaining professional connections and relationships to provide a foundation for enhancing collaboration, communication, staff engagement and practice.

Implementing staff and physician engagement strategies.

Implementing initiatives to support staff and physician leadership development and learning strategies; competency development; and succession planning, includes the implementation of Physician Management Institute modules.

Assessing current workforce transformation proof of concept and other initiatives.

HOW WILL WE MEASURE PROGRESS?

Refer to the action plan on the following pages for performance measures and targets.

5.1.1 Build One System – Workforce - Actions

Priorities for Action	**Actions* April 1, 2012 – March 31, 2013**	**Performance Measures****	**Last Actual (year)**	**Targets**		
				2012/ 2013	**2013/ 2014**	**2014/ 2015**
Efficiently utilize health professionals by matching workforce supply to demand, promoting team based delivery of services, and enabling health providers to work to the full extent of their education, skills and experience.	Enable professionals to work to the full extent of their skills and abilities, as part of larger health teams. [5.5] • Refresh the AHS Clinical Workforce Plan and adjust the action plan in response to the refreshed data. Work with regulatory bodies to influence the adjustment of scope of practice as required. • Increase the available supply of health team members (through the five key strategies of the Clinical Workforce Plan). • Roll out the workforce plan for nurse practitioners in primary care, seniors care, continuing care and cancer care. • Continue to roll out the Midwifery workforce plan. • Launch the Collaborative Practice Implementation Strategy. • Continue to introduce collaborative practice models – South Health Campus, Edmonton Clinic. • Support evidence-informed excellence through: processes, tools and education. • Support research and evaluation activities. • Roll out the Rehabilitation Conceptual Framework. • Facilitate networking and information sharing strategies. • Establish provincial guidelines for rotation management and staff scheduling and develop optimized rotations for at least 48 inpatient units. • Continue implementation of the Therapist Assistant role optimization. • Implement the Allied Health workload measurement system. • Develop and implement strategies to enhance return to work, retain the aging workforce. • Implement the discipline-specific, nursing and interprofessional councils at the provincial and local levels. • Advance certification training of health care aides for both acute and continuing care. • Advance the provincial approach for orientation to specialty areas. • Complete the development and implementation supports for the new clinical professional graduate, starting with Nursing. Continue commitment to recruit at least 70 per cent of registered nurses graduated in Alberta. [5.6] • Continue 2011/12 and 2012/13 increase of 6 per cent (3 per cent each year) in full time positions by: o completing anticipatory hiring of 300 high FTE positions; o creating transitional new grad positions, permanent float pools in both Edmonton and Calgary, and utilizing rotation adjustments • Continue to enhance and refine the processes of attracting graduating classes in schools and Faculties of Nursing across the province to join AHS. Develop and deliver education programs for health care providers working with vulnerable populations, individuals who have chronic diseases, addiction and mental health issues. Implement Just and Trusting Culture initiatives.(see also Foundational/Organization wide)	Health workforce plan [4.1] Percentage of Alberta university/ college registered nurse graduates hired by AHS	Total 98% Non-casual=67% (2011-2012)	70%	70%	70%
		[4.2] Ratio of AHS staff head count to full-time equivalent (FTE)	1.55 (March 2011/2012)	161	1.60	1.59
		[4.3] Disabling injury rate Disabling injury rate (staff injury rate) Source: AHS	3.36 (2011) Note that this rate is calculated by WCB for a calendar year	1.8	1.5	1.5

Priorities for Action	Actions* April 1, 2012 – March 31, 2013	Performance Measures**	Last Actual (year)	Targets		
				2012/ 2013	2013/ 2014	2014/ 2015
Enhance staff and physician satisfaction.	• Optimize physician participation in strategic clinical networks. • Implement the first phase of the AHS leadership capacity and skills development program. • Implement proposed processes to optimize physician potential for advocacy. • Support staff and physicians including: • Develop and implement a strategy for embedding the three new values into AHS culture. • Update the September 2010 Engagement Action Plan to focus on initiatives in staff learning, leadership development, communications, resourcing, local autonomy and decision making, promoting a culture of appreciation so that everybody's contributions are recognized and appreciated. • Develop and implement specific initiatives focused on supporting front line managers/supervisors. • Introduce changes to the performance management process to embed values, competencies, and ensure all employees have clear goals and receive ongoing feedback. • Ensure the availability of necessary practice supports e.g. reference tools. • Continue to encourage and support staff and front line manager and physician active involvement and participation in designing teams and models of care. • Implement the AHS Occupational Injury Action Plan which includes the following: Safe Client Handling and Manual Materials Handling Programs, Modified Work Standard, Portfolio Health and Safety improvement plans and department level health and safety quarterly reporting. • Implement the Canadian Standards Association compliant Workplace Health and Safety Management System.	[4.4] Staff and Physician Engagement Overall engagement score: percentage favourable • staff • physicians • volunteer Source: 2012 Employee Survey (Talent Map Engaging Employees Survey)	53% 52% (2011/ 2012) 39% 2011/2012 85% 2011/2012	68% 68%	76% 76%	78% 78%

*Numbers in brackets [ ] refer to mid to long-term actions identified in Alberta's 5-Year Health Action Plan 2010 – 2015.

**Numbers in brackets [ ] refer to measures included in Alberta's Health System Performance Measures (Tier One) November 30, 2010.

5.2 Build One Health System - Supports

Alberta Health Services is committed to developing administrative support systems and procedures that enable staff and physicians to provide excellent health-care services to individuals, families and communities. The delivery of quality, safe health-care services depends on efficient and effective supports.

WHAT WE ARE AIMING TO ACHIEVE?

We will utilize evidence-informed innovation/research working with community and academic partners. A single provincial environment will facilitate and foster health research and innovation, and strategic clinical networks will ensure there is strong collaboration between clinical and academic partners.

Align funding/resource allocations and accountability to support organizational goals and objectives. Funding formulas and incentives will be introduced to support quality, efficiency, improvement and innovation.

We will have a rolling five-year information technology plan that includes:

- Implementing, consolidating and enhancing major business systems in the areas of: information technology for business and clinical areas, human resources, finance, purchasing, data management
- Continuing to build one electronic medical record throughout the province
- Increasing use of telehealth as a model of care in rural and remote areas
- Using technology to enable Albertans to access health information, self-manage their health and participate in care decisions.

Our capital plan will be aligned with and support service models and service delivery needs.

System supports will also include:

- Standard provincial measurements and performance information
- Service planning and prioritization based on population health needs and incorporating a focus on individuals, families and communities
- Supply contracts ensure full benefits and competitive costs are realized, supporting business and patient needs
- Development, access to and use of research, health technology assessment and other evidence in support of service improvement and innovation.

WHAT ACTIONS ARE WE TAKING IN 2012/2013?

Investing in **essential IT infrastructure** such as clinical information systems and information technology enabled clinical pathways to support and embed best practices into delivery of patient care.

Implementing components of the Alberta Health Services Research and Innovation Strategy, which includes:

- Implementing components of the Alberta Health Services Research and Innovation Strategy, which includes:
- Aligning Alberta Health Services within the research policy framework in Alberta, the main mechanism of which is establishing strategic clinical networks to work with partners to improve health system quality and safety and performance through building on most current evidence and highest level of expertise
- Building strong research partnerships in Alberta, working with the Academic Health Network to establish a formal partnership with Universities and Colleges in Alberta to support research, health technology assessment and innovation
- Being efficient with Alberta Health Services resources, leveraging the contributions of each partner
- Being effective with Alberta Health Services resources, advising and helping lead quality improvement and sustainability and the refining of benchmarks and targets
- Creating a culture of research and innovation in Alberta Health Services through strategic clinical networks and other mechanisms
- Incenting research of highest value to Alberta Health Services by commissioning and supporting research and knowledge translation aimed at solving specific problems of value to our population(s) of interest
- Participating in provincial research infrastructure platforms including Alberta Health Research Ethics Board Harmonization and the Alberta Clinical Research Consortium.

Refining alignment of performance measures, reporting and accountability with service models and goals/objectives.

HOW WILL WE MEASURE PROGRESS?

Refer to the action plan on the following pages for performance measures and targets.

5.2.1 Build One System – Supports - Actions

Priorities for Action	**Actions* April 1, 2012 – March 31, 2013**	**Performance Measures****	**Last Actual (year)**	**Targets**		
				2012/ 2013	**2013/ 2014**	**2014/ 2015**
Merge and standardize operating systems, use information technology and information to improve cost effectiveness of health-care service delivery.	Continue to promote the implementation and use of Netcare across the province[5.30]. Develop common information systems for patient care: • Develop plan for an Edmonton clinical information system (CIS). • Health Information Management (HIM) enable permanent electronic patient record. • Develop a knowledge portal available to AHS clinicians, staff and other health-care providers (initial phase includes planning, design, implementation and deployment of a web portal for a single point of access to key information resources).	**Information technology and information management** [4.5] Alberta Netcare: Number of physician and nurse users who access the electronic health record system across the continuum of care.	14,605 in Q4 24% increase (2011/2012)	+10% increase from 2011/ 2012		
Put in place consolidated systems and processes to create a sustainable operating environment for Alberta Health Services systems. These range from human resources/ payroll and finance to clinical information and reference systems.	Complete Phase II of e-people roll out. Continue to refine financial system and reporting.	[4.6] AHS Information Technology Strategy: use common processes, tools and information throughout AHS	Competed phase 1 of HR/Payroll and Financial system consolidation	Begin rolling out common clinical system: Pharmacy Ambulatory computerized physician order entry		
		[4.7] AHS Information Technology Strategy: reduction in AHS information technology operating budget support Source: AHS	There was a savings achieved of $7.9 million. (2011/2012)	-5% decrease from (2010/ 2012)		
Ensure fiscal responsibility and good stewardship of resources, reduce duplication and streamline processes to improve efficiencies.	Develop and test a priority setting and resource allocation tool that supports the alignment of funding to key organizational goals and objectives.	**Adherence to five-year budgeted government funding** [4.8] AHS will operate within the approved five-year funding agreement with the Government of Alberta and will not record an accumulated deficit at the conclusion of this period as recorded in the overall audited financial statements.	$82 million (2011/2012), which is within 1.5% of the annual funding agreement	Variance no greater than + or – 1.5% of the annual funding agreement	Variance no greater than + or – 1.5% of the annual funding agreement	$ 0 or surplus variance

Making decisions based on sound research and evaluation	Begin implementation of AHS Research and Innovation strategy with a focus on: • Working with faculties of medicine via the Academic Health Network to further develop the Alberta Health Research and Innovation Strategy. • Establishing and developing the research, innovation, and collaborative role and capacity of strategic clinical networks to improve uptake of research findings, service delivery and patient and population outcomes. • Identify other partners in research in Alberta (private, public sectors and other academic institutions). • Identify opportunities to leverage the contribution of research partners. • Use the HQCA dimensions of quality to help prioritize funding and measure research outputs in AHS starting with funding directed toward a small number of high value investigator-driven strategic projects. • Commission and start a small number of strategic research and knowledge translation projects aimed at solving a specific problem/topic of interest to AHS.					
	Increase the number of health technologies assessed to 20 every year by 2014/2015 [5.16]: • Complete five additional health technology assessments in 2012/2013.	Number of health technology assessments	5	10	15	20
	Reassess current health technologies and clinical practices for safety and effectiveness [5.17]: • Reassess one health technology in 2012/2013.	Number of health technology reassessments	0	1	3	5
	Implement actions under Alberta's Health Research and Innovation Strategy where Alberta Health and Alberta Health Services have responsibility [5.19]: • To foster three technology	Number of health technology innovations	1	4	10	15

* Numbers in brackets [ ] refer to mid to long term actions identified in Alberta's 5-Year Health Action Plan 2010 – 2015.

** Numbers in brackets [ ] refer to measures included in Alberta's Health System Performance Measures (Tier One) November 30, 2010.

Key Enablers and System Supports

The successful implementation of change of the magnitude described in this plan requires a wide variety of enablers to be in place. These enablers include how we are organized, how we work with one another, and how we use all of our available resources and assets in the most effective way. The key enablers are described briefly below, with additional information available in Appendix V.

Formal plans for finance, workforce, infrastructure and information technology have been developed to support the key priorities of Alberta Health Services. The operating budget is included in Appendix III of this document.

QUALITY IMPROVEMENT

Driving improvement in all areas of clinical services and support functions is essential to delivering on Alberta Health Services' strategic goals of quality, access and sustainability. Quality is reviewed and enhanced through a variety of mechanisms including, but not limited to, strategic clinical networks, accreditation of services, implementation of patient-centred care practices and the availability of a single, provincewide improvement approach - the Alberta Health Services Improvement Way.

The **Alberta Health Services Improvement Way (AIW)** is an enterprise-wide approach that can be applied in both clinical and non-clinical settings. The AIW provides a common base for all of Alberta Health Services in seeking to improve the quality and efficiency of services, and to share what is learned.

RESEARCH AND INNOVATION

Alberta Health Services is committed to using research evidence and best practices to improve health and health-care services. This is included in the Alberta Health Innovation and Research Strategy which emphasizes the translation of research into practice and the use of research in anticipating and responding to the emerging needs of the population. This is a shared objective for Alberta Health Services, universities, Alberta Health, and Alberta Advanced Education and Technology as part of the Alberta Academic Health Network.

Alberta Health Services also uses population-based and health service utilization information in planning and delivering appropriate services. Ensuring data quality is essential to monitoring, tracking and improving health system performance.

STRATEGIC CLINICAL NETWORKS

Strategic clinical networks are collaborative clinical strategy groups that will bring together the perspectives of all stakeholders, from clinicians to policy makers to individuals and families. The strategic clinical networks, lead by a team with both clinical and administrative expertise, will develop clinical strategies to achieve evidence-based improvement in outcomes across the continuum of care, and to improve access to health care and sustainability of our health care system across the province.

WORKFORCE

A comprehensive and integrated approach to workforce planning is needed to address immediate and future workforce challenges. An appropriately skilled, utilized and engaged workforce is a key factor in meeting long-term goals in health service delivery. The clinical workforce strategy, which anticipates workforce needs in the future, is important in defining the diverse skills and scope of practice that will be required as the nature of health care evolves to meet the changing needs and characteristics of the population. The Clinical Workforce Strategic Plan provides direction for systemic change by aligning clinical workforce planning with Alberta Health Services' strategic priorities.

INFORMATION TECHNOLOGY

Information technology (IT) is a key support to the ongoing development of Alberta Health Services and the delivery of an integrated provincial system of services. Much of the focus of IT will be directed at supporting the identified priorities of the organization as described in the health plan. IT will also continue its work on the implementation of the electronic health record, the electronic medical record, electronic documentation, device integration and other essential projects to build and support a stable, secure, interconnected, enabling and efficient information technology environment.

RISK MANAGEMENT

By their very nature, major change programs have numerous risks that require identification, management and mitigation. Risk management of these initiatives will be integrated into the organizational approach to risk analysis and evaluation. There are several categories of risk that need to be considered such as quality and patient safety, external environment and public confidence, human capital, infrastructure and finance. Additional information related to risk management is included in Appendix V.

PHYSICAL INFRASTRUCTURE

Properly designed and well-maintained health facilities are an essential enabler to achieving the performance goals of the 2012–2015 Health Plan. Overall system planning, strategic direction and anticipated needs inform the development of new facilities, which must be planned in the longer term, and constructed to support program models and provide appropriate additional service capacity where and when needed. The responsibility for planning and implementing large existing and new capital projects has been transitioned to Alberta Infrastructure. Alberta's 5 – Year Health Action Plan 2010–2015 and the 2012–2015 Health Plan will continue to guide our joint capital planning efforts.

MANAGEMENT SYSTEM INFRASTRUCTURE

Timely and accurate information regarding Alberta Health Services programs is important to help monitor and improve services. Data, and the statistical and contextual analysis of this data, inform decision-making within the organization. Efforts to improve data quality, updates to existing data models and the development of new models help the organization anticipate and respond to the health needs of Albertans. In 2011, a review of Alberta Health Services data models was undertaken and the results used to inform the development of new models with improved ability to support a provincial health system while accounting for local needs and capacity.

Work on developing Alberta Health Services management systems has continued and includes the establishment of clearer accountability structures and processes, the development of an integrated strategic and financial planning process and calendar, the development of priority setting processes and criteria, and improved quarterly reporting.

ENGAGEMENT

Engagement with a variety of stakeholders, both internal and external to Alberta Health Services, is essential to successfully implementing the key priorities that have been identified in previous sections of this plan. Formal structures such as the 12 Health Advisory Councils, the Provincial Advisory Council on Cancer, the Provincial Advisory Council on Addiction and Mental Health, the Alberta Clinicians Council and strategic clinical networks and the Patient and Family Advisory Group will provide important perspectives that ensure the focus remains on the patient, and that consistent, quality services which take into account local needs are delivered.

Working in collaboration with stakeholders is also an important enabler to achieve the quality, access and sustainability changes necessary for the "best-performing" health system. Partnerships, both formal and informal, will be at many levels including policy, professional practice, service models and standards, community and others.

ORGANIZATIONAL DEVELOPMENT

There are a number of other actions and measures that relate to the overall development and functioning of Alberta Health Services that will help us advance our goals. Although many of these foundational actions have been described in other sections of this document, there are performance measures designed to help ensure we are improving overall patient satisfaction with services; we are fulfilling our reporting obligations to the government; we are engaging our communities; and we are improving the quality of our services through accreditation mechanisms. These measures and actions are described in section 5.3 Foundational and Organization Wide.

5.3 Foundational/Organizational Wide

Priorities for Action	Actions* April 1, 2012 – March 31, 2013	Performance Measures**	Last Actual (year)	Targets		
				2012/ 2013	2013/ 2014	2014/ 2015
Improve Patient Safety across the continuum.	Develop and deliver courses on patient safety throughout the province. [5.9] Actions include: • Implementation of medication reconciliation at admission and discharge/transfer in alignment with Accreditation Canada required organizational practices. Implement just culture program including the development and implementation of a standardized methodology to review and learn from adverse events across the continuum. Participate in the organizational review of diagnostic imaging and pathology testing in the province.	**Adverse events** [1.19] Percentage of Albertans reporting unexpected harm to self or an immediate family member while receiving health care in Alberta within the past year.[7]	12.2% (2010/2011)	9%	7%	7%
		Infection prevention and control [1.20] **MRSA - BSI infection rate:** Hospital acquired Methicillin-resistant Staphylococcus aureus bloodstream infection rate among patients admitted to acute care hospitals in Alberta (for stays exceeding 48 hours): Incidence of cases per 10,000 patient days.		Revised indicator - Collaborative AHS and AHW work on targets for MRSA BSI measure is currently in progress		
		1.21] **Surgical site infection rates:** Rates of surgical site infections within 30 days of surgery.[8]	Measurement strategy and targets are under development. Reporting for this indicator is anticipated to be available in Q2 2012-13.	Implementation of protocol and SSI surveillance on specified surgical procedure (orthopedic). Indicator anticipated to begin Q3 2012/2013	Expansion of SSI surveillance to include additional surgical procedures	Expansion of SSI surveillance to include additional surgical procedures

Priorities for Action	**Actions* April 1, 2012 – March 31, 2013**	**Performance Measures****	**Last Actual (year)**	**Targets**		
				2012/ 2013	**2013/ 2014**	**2014/ 2015**
Deliver a **patient-focused system** that captures patient perspectives on the care and services they receive in order to improve health system quality and responsiveness to patient needs, and increase patient satisfaction with the care and services they receive.	Develop and Implement a patient feedback strategy including patient satisfaction, surveys and reporting for quality improvement purposes: • Further develop patient satisfaction activities and measurement, working collaboratively with Zone Executive Leads and ensuring cross province alignment. • Develop and implement emergency department feedback plan and processes, building upon 2011 HQCA survey results. • EMS Patient Experience Survey developed (in collaboration with DIMR) and ready for implementation	**Patient satisfaction** [3.1] **Satisfaction with health care services received:** Percentage of Albertans satisfied or very satisfied with health care services personally received in Alberta within the past year. [7]	67% (2011/2012)	68%	69%	71%
		[3.2] **Acute care – hospital services:** Percentage of patients rating hospital care as 8, 9, or 10 on a scale from 0 to10, where 10 is the best possible rating. [8]	84.1% (April-December 2011)	Collaborative AHS and AHW work on targets is currently in progress		
		[3.3] **Continuing care - long-term care facilities** Overall family rating of care at nursing homes, on a scale from 0 to 10. Average score. Source: HQCA	Work is currently underway on the 2012 survey	TBD	TBD	TBD
		[3.4] **Continuing care - long-term care facilities** Overall resident rating of care at nursing homes, on a scale from 0 to 10. Average score. Source: HQCA	AHW and AHS have discontinued use of this measure for 2012/2013			
		[3.5] **Assisted living** (planning stage to March 2012). [9]	TBD	TBD	TBD	TBD
		[3.6] **Home care** (planning stage to March 2012). [10]	TBD	TBD	TBD	TBD
		[3.7] **Emergency department care – past year:** Percentage satisfied or very satisfied with their or a close family member's services at an emergency department in past year. Note: not a system performance measure. Results will be reported, but targets will not be established.	Adult = 68% Pediatric = 82% (Source: AHS H-CAHPS) Apr. – Dec. 2011			
		[3.8] **Emergency department care – within three weeks of receiving the service:** Percentage rating emergency department care as excellent or very good within three weeks of receiving the service. [7] Source: HQCA	No HQCA Survey Planned 2011-2012	TBD	TBD	TBD
		[3.9] **Emergency Medical Services** EMS Patient Experience Survey implemented and baseline rating established	Establish baseline	TBD	TBD	TBD
		[3.10] **Mental health services:** "per Cent of Albertans who were satisfied or very satisfied with the mental health services they received. Note: not a system performance measure. Source: AHS	92.3% (2011/2012)			
		(3.11) **Addiction and Mental Health Treatment Services – patient satisfaction:** Under development.				

Priorities for Action	Actions* April 1, 2012 – March 31, 2013	Performance Measures**	Submission Dates
Alberta Health Services demonstrates good governance.	Continue to refine strategy cycle in conjunction with Alberta Health and develop structures and processes to support collaborative planning.	[5.1] imely submission of AHS Board-approved Business Plan and a Health Plan to the Minister of Health. [5.2] Timely quarterly reports are submitted to the Minister of Health: • Financial Reports • Performance Reports – no later than 90 days after the end of each quarterly reporting period. [5.3] An Annual Report in accordance with Ministry requirements is submitted to the Minister. [5.4] Audited financial statements in accordance with Ministry Financial Directives are submitted to the Minister. [5.5] AHS Board annually submits its findings of a self-assessment of Board performance, with actions to improve governance and quarterly updates on progress achieved.	March 31, 2013 Financial reports July 31 October 31 January 31 Performance September30 December 31 March 31 July 31 June 30
Effective community engagement and public consultation that supports effective planning, delivery and evaluation of health services.	Hold Annual Health Advisory Council meeting. • Province Wide Health Advisory Council meeting will be held in fall of each year beginning 2012/2013 to correspond with reporting timelines for the Health Advisory Councils. Develop Annual Health Advisory Council Work Plans and provide to the Health Advisory Committee of the Board. Advisory Council Annual Report: 2011/2012 and 2012/2013 – Annual Reports will be completed by each Health Advisory Council and provided to Health Advisory Committee of the Board, the AHS Board and the Minister of Health . Actively consult and engage aboriginal and non-aboriginal community stakeholders in chronic disease management service development and implementation for diverse and vulnerable populations.	[5.6] AHS Community Advisory Councils are to submit an annual report to the AHS Board describing community needs and AHS's responsiveness to community needs. This annual submission by AHS Community Advisory Councils is to be delivered to the Minister.	
Alberta Health Services undertakes **accreditation activities in** compliance with the Minister's directive on mandatory accreditation.	Undertake accreditation activities and required follow up including: • Participation in Accreditation Canada's QMENTUM program. • Participation in the College of Physicians and Surgeons of Alberta accreditation programs. • Contracted services participating in appropriate accreditation program. • AHS developing a database to track accreditation activities for contracted services.	**Accreditation status of health facilities and programs:** [5.7] AHS and all contracted operators maintain acceptable accreditation status from accrediting organizations deemed acceptable to the Minister. [5.8] AHS submits an accreditation report annually that: • Identifies health-care programs to be provided at every AHS and contracted operator site for the upcoming year. • Identifies all proposed accreditation activities for the upcoming year for the facilities and programs it operates or contracts (which includes accreditation activities undertaken by organizations acceptable to the Minister). • Summarizes the past year's accreditation activities for the facilities and programs it operates or contracts (which includes accreditation activities undertaken by organizations acceptable to the Minister). The summary is to include a listing of the sites that received site visits from surveyors. • Summarizes the quality improvement strategies to be implemented in response to recommendations from accrediting organizations.	March 2013 March 2014 March 2015

** Numbers in brackets [ ] refer to measures included in Alberta's Health System Performance Measures November 30, 2010.

7 Source: Health Quality Council of Alberta. Satisfaction and Experience with Health Care Services: A Survey of Albertans (2008, 2010). Health Quality Council of Alberta Provincial Survey about Health and the Health-care System in Alberta (2011).

8 Source: Alberta Health Services Provincial Hospital Consumer Assessment of Healthcare Providers and Systems Survey

9 A client survey on Assisted Living services is in the planning stage with Alberta Health Services and the Health Quality Council of Alberta.

10 A client survey on Home Care services is in the planning stage with Alberta Health Services and the Health Quality Council of Alberta.

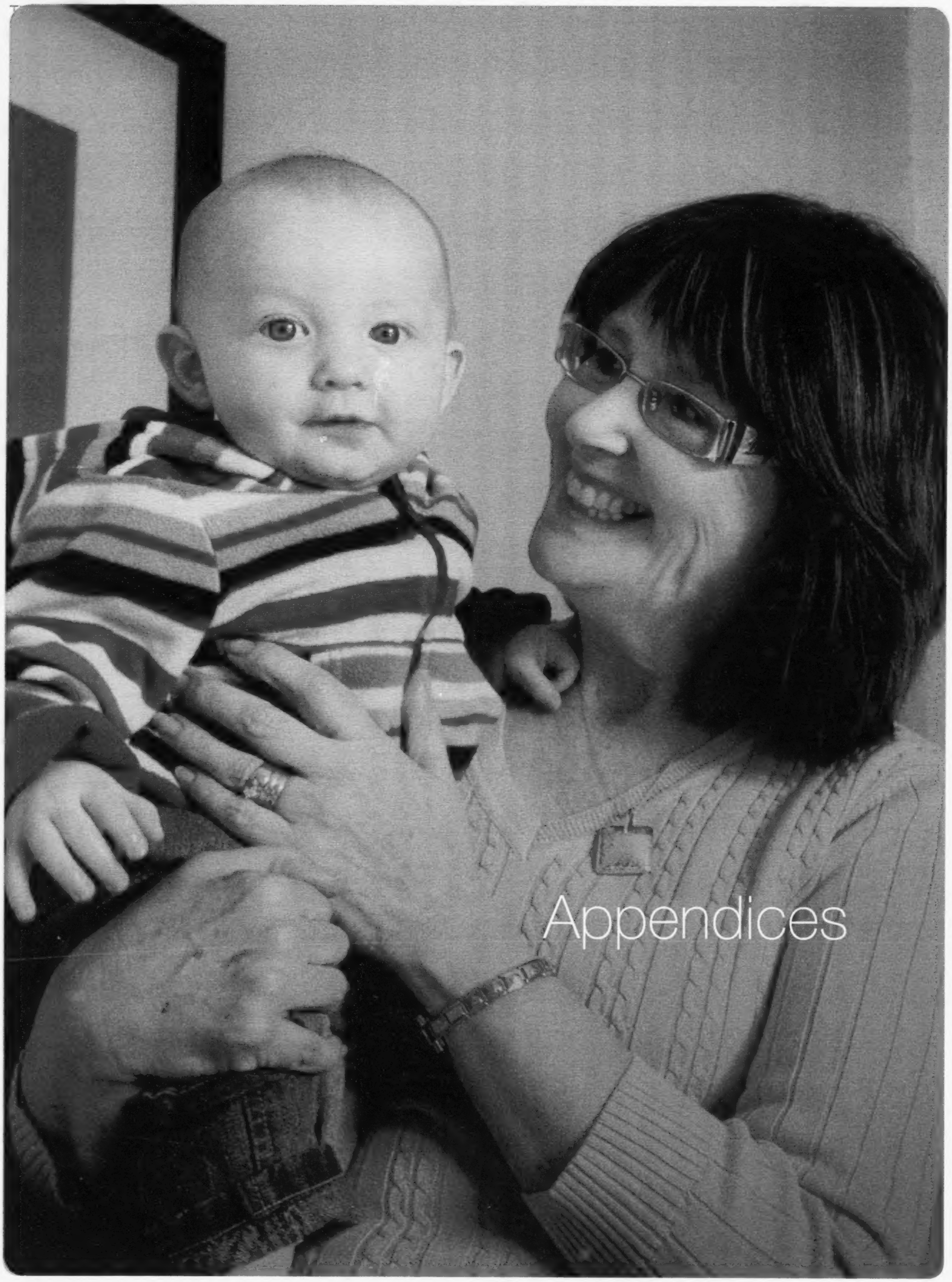
Conclusion

Alberta Health Services has made considerable progress and now must continue to take advantage of the positive momentum that has been established. Continuing to work with and engage our partners, including Albertans and their families, to develop a long-term vision for the delivery of health services will be essential to establishing priorities, developing plans, aligning our investments and beginning change in both the near and longer term.

A major step in developing our provincial system of services is the formation and work of the strategic clinical networks. These networks will be essential in developing, assessing and using research and evidence in developing clinical pathways, establishing standards, assessing technology and taking advantage of opportunities for innovation and sustainability. In addition, investing now in health promotion and prevention, and addressing inequities in health outcomes is essential to improving the health of the population and to building the long-term sustainability of the system.

We will continue to work with Alberta Health to introduce new approaches to the provision of primary health care, including establishing and evaluating the first family care clinics. Care in the community is also important for those in need of home care or continuing care, and we will continue to explore new models to support independence for seniors and persons with disabilities, and to ensure continuity of care. We will also work to address addiction and mental health by implementing key components of the addiction and mental health strategy. Assuring the quality and safety of our services, and improving productivity and efficiency of our services remains important and will have significant focus in 2012/2013.

Building infrastructure and systems to effectively support the delivery of services will continue as we realize the advantages of a single provincial health service system while maintaining the flexibility to respond locally. This includes optimizing our current and future workforce, allowing professionals and others to practice appropriately. We are also building information systems that will support service delivery and will enable Albertans to better manage their health. The strategies outlined in this 2012–2015 Health Plan will provide both short-term improvements in the health services we provide and will allow us to build a strong foundation for the future.



Appendices

Appendix I

DRIVERS FOR CHANGE

This section identifies and highlights the most significant and pressing issues related to the health of people in Alberta and the strength of our health system. This information helps identify where change is needed and focuses the organization in addressing priority areas over the next three years.

Priorities were determined by examining health indicators from existing quantitative data sets, qualitative studies and recent internal and external reports. Zone comparisons were analyzed and provide the information for the health needs assessment where possible.

The indicators are grouped into the following areas:

- Consumer voice
- Demographics and health needs
- Primary care/Primary health care
- Access and appropriate service
- Patient safety
- Seniors health
- Workforce
- Workplace
- Sustainability challenges

Consumer Voice

The people who live in Alberta have diverse backgrounds. They have varied economic and social circumstances; requiring and expecting a number of different things from the health-care system. Albertans views on their health-care system were obtained by reviewing a variety of recent consumer engagement reports, including summaries of concerns and commendations provided to the Alberta Health Services Patient Relations Department.

The majority of Albertans are satisfied with the quality of care they receive once they get into the system. However, the system itself is not easy to access and major concerns still exist around wait times, particularly in emergency departments, and access to a family doctor. Those who live in rural and remote communities, those with low income, seniors and visible minorities still have significant barriers accessing health services. Some Albertans have complex health needs which further challenge their health status. Seniors want to receive the support and care they require while remaining in their own homes and communities as long as they are able.

Albertans want to see more patient-focused communication styles, and more cooperation and communication among service providers, including external agencies. Feedback received indicates they want to know that practice standards are in place and understand what to expect when receiving care. They want to be more actively involved in their own care and in promoting health in their communities. They have also asked for better education about the conditions that improve health, with an increased focus on how to stay healthy. At a system level, Albertans want ongoing opportunities to be informed and to provide input to health system decisions. Sustainability of the health-care system is of key importance to all Albertans; the public is looking for more transparency in reporting performance and health outcomes, including adverse events.

Quality from the individual/patient perspective includes these essential elements:

- Patient and family-centred care.
- Respect for their needs, values, culture, spirituality and privacy.
- Support during times of illness and trauma.
- Effective and compassionate communication.
- Complete information about care and treatment options.
- Quality, safe, readily accessible and timely service.
- Well co-ordinated, seamless and reliable transitions between services.
- Support to navigate the system.
- Tailoring services and programs to community needs.
- Continuous improvement approach.

Consumer Voice – Service Response Required

- Listen and be responsive to consumers and communities. Mechanisms such as **Health Advisory Councils**, patient and family advisory group(s), community engagement, provincewide tracking of **patient concerns**, and **patient satisfaction and experience surveys** will enable us to monitor how well we are addressing expectations.
- Focus on patients and their caregivers through a variety of approaches, including technology, to enable people to be partners in their own care.
- Provide **equitable access** across the province and for all populations.
- Provide appropriate access to primary health care and specialist care.
- Reduce wait times for a variety of services.
- Establish more **community-based options** for seniors support.
- Shift to community care where possible, with a focus on enabling/supporting individuals.
- Provide better programs for the management and **self-management of chronic disease** and complex health conditions.
- Increase focus on **helping people and communities to stay healthy**.
- Action to address health-care inequities and reduce barriers to health care for vulnerable populations (or populations at a higher risk of poor health).

Demographics and Health Needs

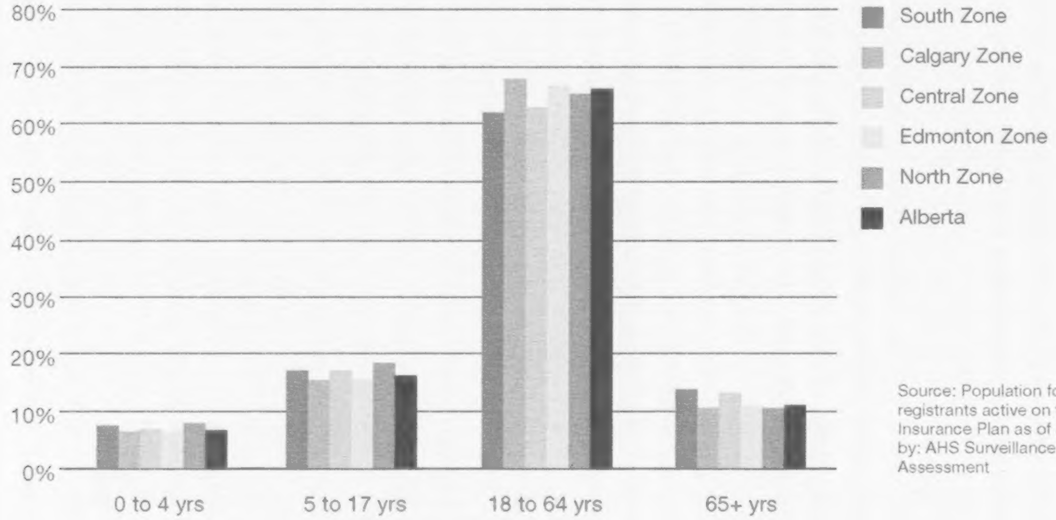
There are a variety of factors that define Alberta's population and the corresponding health needs. This section highlights some key demographics and health issues. Alberta Health Services Zones are identified in the map below. Data sources and more detailed analyses are contained in the Alberta Health Services How Healthy Are We Report.

A Growing, Aging and Diverse Population

- Alberta, with a population of 3.8 million, has been the **fastest growing province** in Canada for the past 10 years and continues to grow faster than the national average. Even with low growth, the population is expected to reach 4.7 million by 2035.
- Alberta has one of the **youngest populations** in Canada.
- By 2031, it is projected **one in five Albertans will be seniors**.
- The population is also **increasingly diverse**, with 16 per cent foreign born and 5.8 per cent aboriginal people.
- Alberta is home to the **third-largest aboriginal population** in the nation, about 60 per cent of whom live in urban areas.
- Average family income in Alberta is $98,240.
- Three-quarters of adult Albertans have a high school certificate, apprenticeship/trades certificate or diploma, or post-secondary certificate degree or diploma.

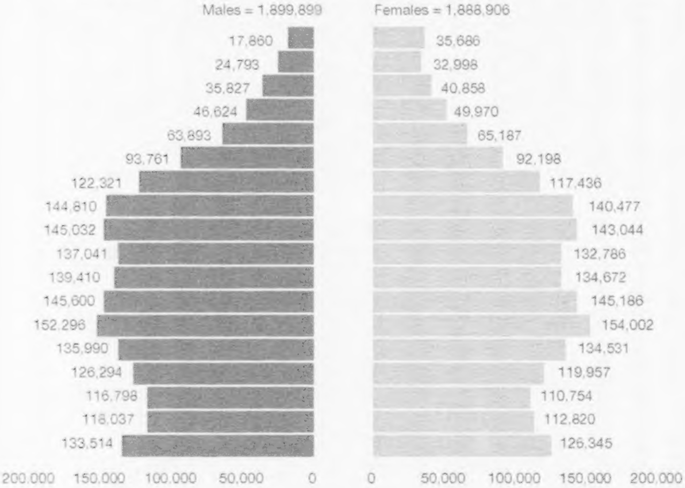
The age distributions of Albertans by zone and overall are illustrated below.

2011 Alberta Population Profile



Source: Population forecasts are based on the registrants active on the Alberta Health Care Insurance Plan as of June 30, 2010. Prepared by: AHS Surveillance and Health Status Assessment

Alberta 2011 Population – Total = 3,788,805



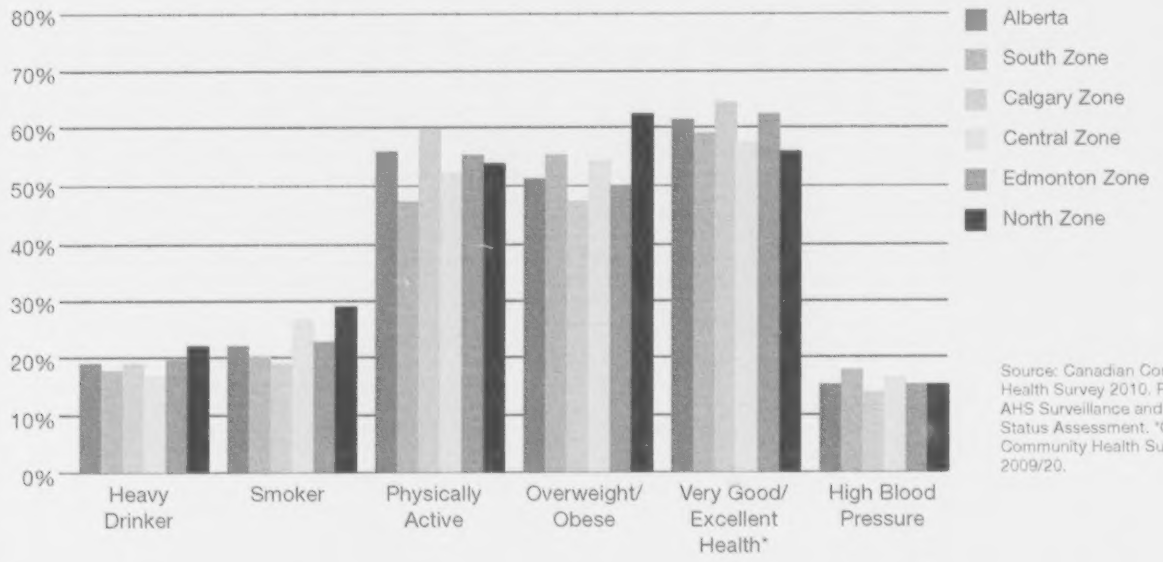
Source: Population forecasts are based on the registrants active on the Alberta Health Care Insurance Plan as of June 30, 2010. Prepared by: AHS Surveillance and Health Status Assessment

Healthy Albertans

Maintaining the health of the population is as important as helping Albertans recover when illness occurs. Most Albertans view themselves as healthy:

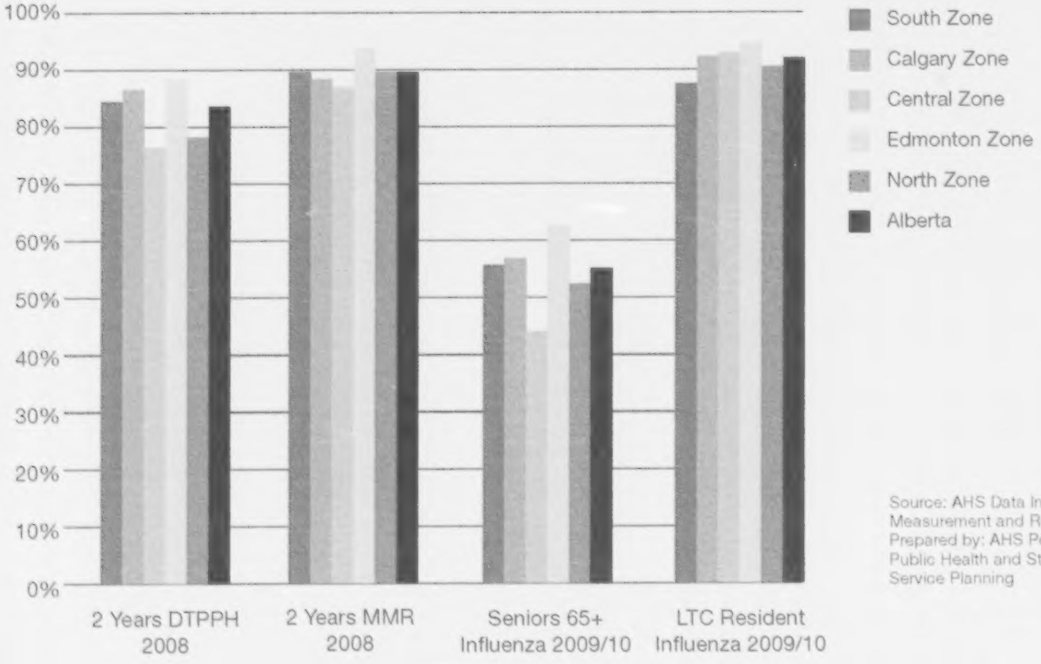
- The majority of Albertans (63 per cent) report that they are in very good or excellent health.
- Just over half of Albertans report being physically active on a regular basis.
- Almost 80 per cent of Albertans are non-smokers.
- In 2010/11, 89 per cent of Alberta children at two years of age were immunized for measles, mumps and rubella, and 84 per cent were immunized for diphtheria/tetanus/acellular pertussis, polio and Hib.

Health Behaviours Self Reported



Source: Canadian Community Health Survey 2010. Prepared by: AHS Surveillance and Health Status Assessment. *Canadian Community Health Survey 2009/20.

Immunization Rates



Source: AHS Data Integration, Measurement and Reporting. Prepared by: AHS Population and Public Health and Strategic and Service Planning

Maternal Child Health

Maternal Child Health Indicators	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Alberta
Infant Mortality Rate (per 1,000 live births) 2006-2010	5.6	4.8	6.9	6.4	6.5	5.9
Low Birth Weight (per 100 live births) 2010	6.5%	7.7%	6.6%	6.5%	5.4%	6.8%
Teen Birth Rate (per 1,000 15-19 yr females) 2010	23.1	10.7	22.3	15.3	33.1	17.6

Source: Vital Statistics. Prepared by: AHS Surveillance and Health Status Assessment.

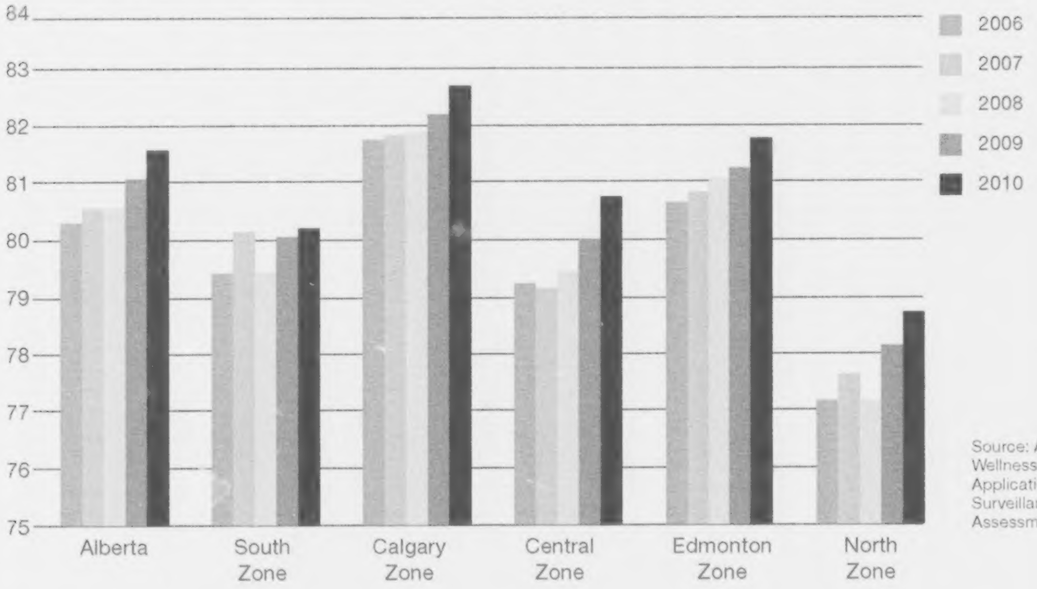
Rates of infant mortality and low birth weights are very similar across the province. The teen birth rate is highest in the North Zone.

Health Inequities

Within the Alberta population, there are some significant **inequities in health status**.

- The majority of Albertans enjoy relatively good health and socioeconomic status. However, there is disproportionate representation of people with **disabilities, lone parents, recent immigrants, refugees, and aboriginals who are among those with low income and in poor health**.
- Differences in health status and the determinants of health are also evident between rural and urban areas. Key findings in rural areas include:
  - – Increased rates of death caused by cancer and heart disease.
  - – Increased rate of death caused by unintentional injuries.
  - – Increased rate of death caused by suicide and self-inflicted injuries.
  - – Fewer Albertans with high school diplomas.
  - – Higher teen birth rates.
  - – Neonatal mortality in this province is comparable to the Canadian average.
- **Life expectancy at birth in Alberta is 81.9 years, above the Canadian life expectancy of 80.9 years.**
- There is **significant disparity in life expectancy between urban and rural zones**. Life expectancy in the North Zone is about two years less than for Alberta overall. As well, life expectancy in the Calgary Zone is one year higher than in the Edmonton Zone (see next page). Information for a number of additional indicators is presented on page 67.
- The Health Adjusted Life Expectancy at birth in Alberta is one year below the Canadian Health Adjusted Life Expectancy (see next page).

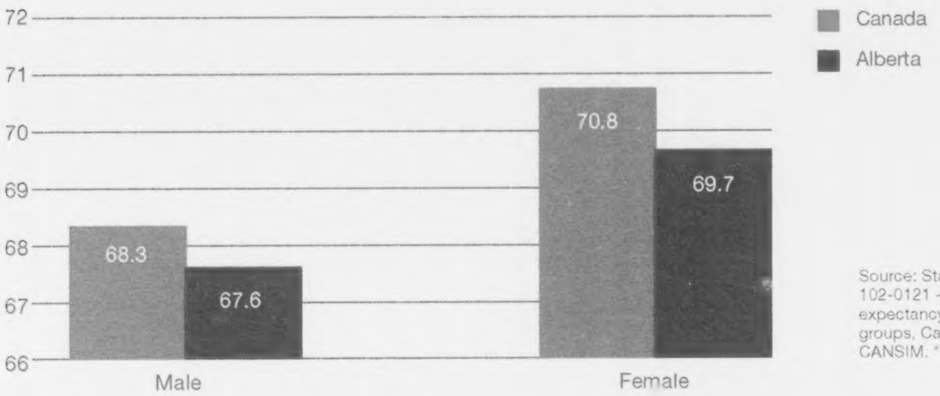
Life Expectancy (years) at birth, 2006 to 2010



Source: Alberta Health and Wellness, Interactive Health Data Application. Prepared by: AHS Surveillance and Health Status Assessment.

In Alberta, the Health Adjusted Life Expectancy at birth is lower than for all of Canada.

Health Adjusted Life Expectancy (HALE) at Birth

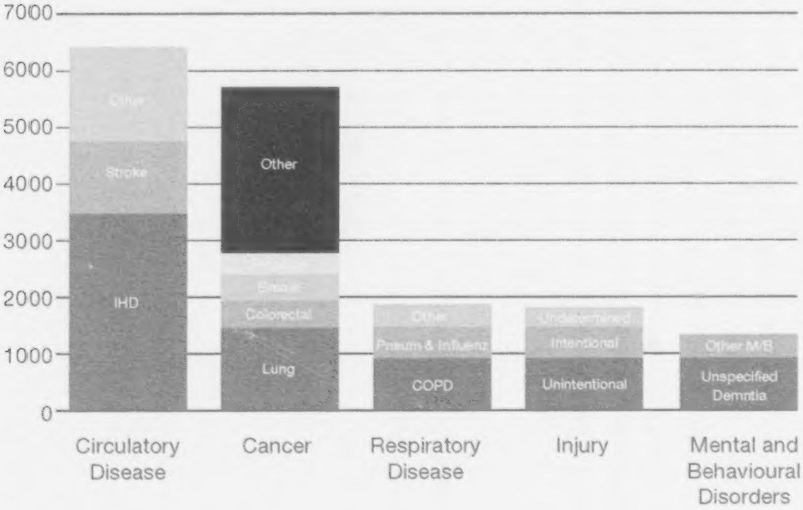


Source: Statistics Canada. Table 102-0121 - Health-adjusted life expectancy, at birth, by sex, for all income groups, Canada and provinces, 2001, CANSIM. * Excludes the territories.

The leading **causes of death** are circulatory diseases including heart disease and stroke, cancer, respiratory diseases such as chronic obstructive pulmonary disease and pneumonia, death due to injuries, and mental behavioural disorders. Almost 60 per cent of the deaths in Alberta are due to circulatory diseases and cancer. The aboriginal suicide rate is two to six times that of the overall Canadian population and results in 24 per cent of all deaths for aboriginal youth aged 15 to 19 years old.

In determining opportunities to improve life expectancy, these causes of death need to be carefully considered.

Top 5 Causes of Death, Alberta Residents, 2010



Source: Service Alberta (Vital Statistics, Deaths 2009).
Prepared by: AHS Surveillance and Health Status Assessment.

Chronic Disease

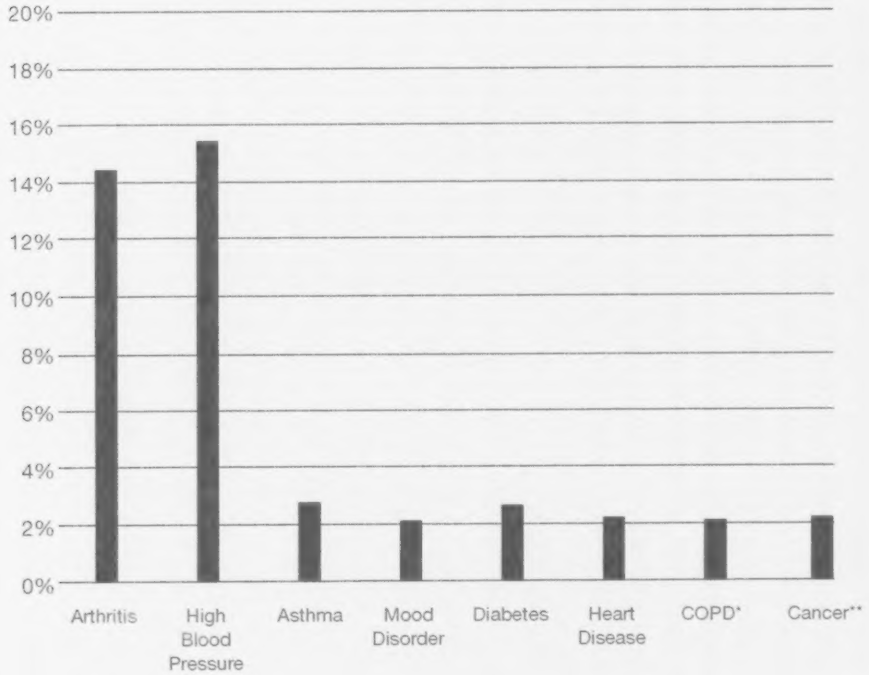
In Alberta, **chronic illness is a substantial burden and is increasing** at a significant rate.

- Thirty per cent of Albertans report having at least one of seven select chronic health conditions (high blood pressure, arthritis, cancer, mood disorders, COPD, diabetes and heart disease) and the prevalence increases to more than three-quarters for seniors 65 and older.
- Alberta data indicates 35 per cent of people with a chronic disease have two or more chronic conditions. (HQCA, 2009 Measuring and Monitoring for Success, Section 2.8)
- Asthma and mood disorders are key health issues for Alberta children.
- It is projected that the prevalence of dementia in Alberta will more than double between 2008 and 2038. Alberta has the highest number of early-onset cases of dementia in Canada at 17 per cent of Albertans with dementia are under age 65.
- Alberta has the second highest rate of prescription drug abuse in Canada.
- The most disadvantaged citizens (such as those with low income, lacking education or living in substandard housing) are at significantly higher risk and much more likely to be afflicted with chronic illnesses. They are also more likely to experience barriers to service.

The economic impact of chronic disease on the health-care system is substantial. Individuals with multiple chronic conditions consume significantly more health-care services, especially inpatient days. Also, 30 per cent of health-care resources are used by "healthy individuals" who could likely self-manage many of their needs.

The self-reported prevalence of key diseases is illustrated below.

Self Reported Prevalence of Key Diseases 2010



Source: Canadian Community Health Survey, 2010. Percentage of Albertans who reported having been diagnosed by a health professional with the conditions described. *Canadian Community Health Survey 2009/10. **Cancer prevalence based on 2006 Alberta Cancer Registry data. Prepared by: AHS Surveillance and Health Status Assessment.

In Canada, Alberta ranks second best among provinces in relation to lifestyle and risk factors; however there is room for improvement with individual health behaviours across the province. A relatively small set of known **behavioural risk factors** contributes to developing the main chronic diseases. These factors include an unhealthy diet, lack of physical activity, tobacco use, alcohol use and obesity. **Obesity** rates are escalating both provincially and nationally. Childhood obesity rates have doubled in the past 20 to 30 years while fitness levels have declined significantly since 1981.

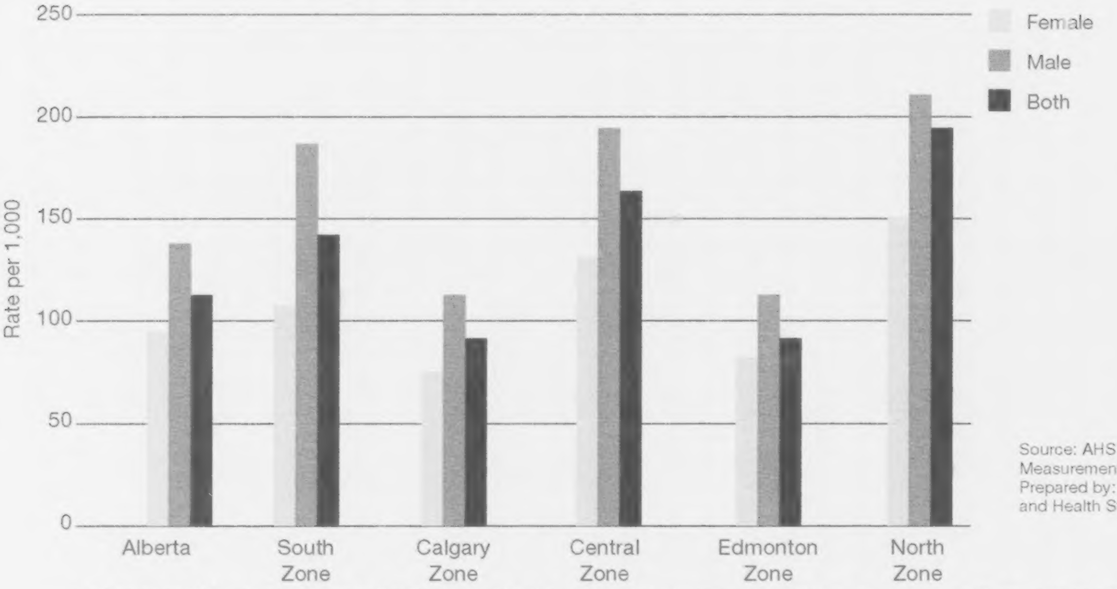
Many factors influence personal behaviours; it is not as simple as personal choice. The health system's response incorporates strategies that affect those behaviours, in addition to personal choice.

Injury – Intentional and Other

Injuries are largely preventable. Each year, significant resources are spent on injury care in Alberta.

- The injury hospitalization rate in Alberta is the second-highest among all provinces.
- Unintentional injuries are the fourth leading cause of death in Alberta, and result in an average of 31 years of life lost for each person dying of this cause prior to age 75.
- The premature mortality rate in Alberta is significantly higher in northern Alberta. This is partially explained by high rates of injury-related death in this population.
- Rural Albertans have double the rate of injury hospitalization compared to the rate for all Canadians.
- Falls account for 51 per cent of seniors' emergency department injury visits and 83 per cent of injury hospitalizations for seniors in Alberta.
- Injuries are the leading cause of death for Alberta children and youth between one and 19 years of age.
- Of all age groups, youth aged 15 to 19 years had the highest percentage of injury deaths with 78 per cent.
- More than half (52 per cent) of the deaths of youth 10 to 14 years of age were due to injury.
- The rate of injury also varies across the province and is highest in the North Zone and lowest in the Calgary and Edmonton Zones.

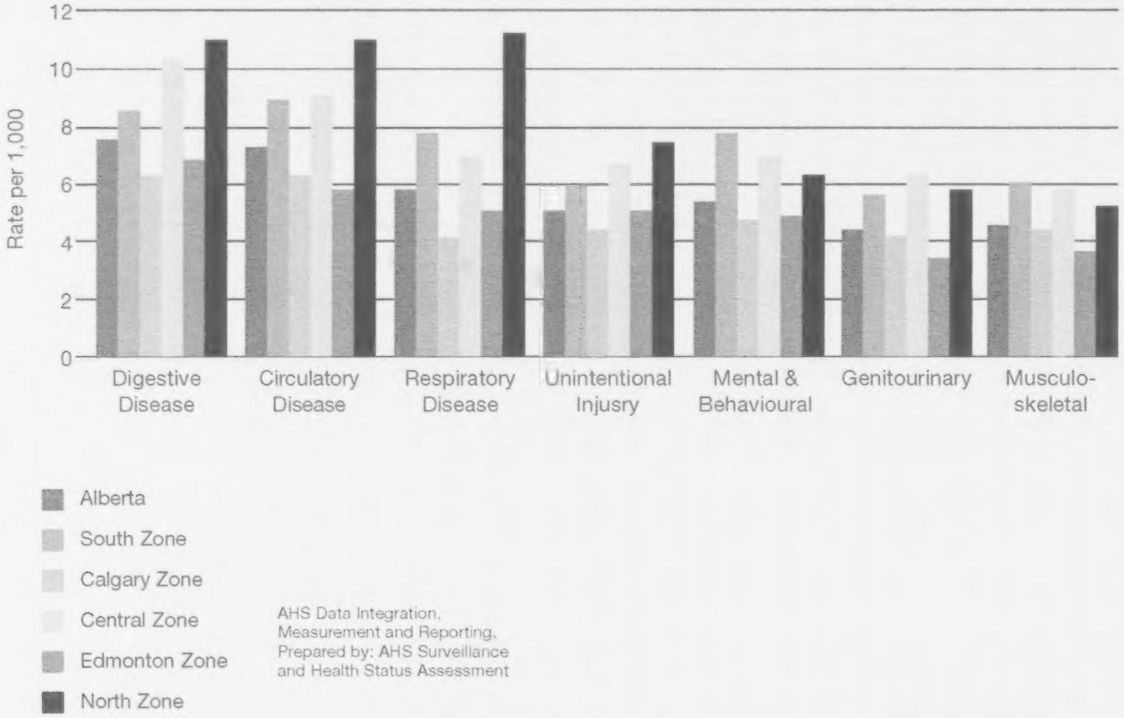
All Injury Related Emergency and Urgent Care Visits, 2010



Source: AHS Data Integration, Measurement and Reporting. Prepared by: AHS Surveillance and Health Status Assessment

- After obstetric-related hospitalizations and births, digestive disease contributes the most to the number of hospitalizations followed by circulatory disease.
- Hospitalization for all top causes is higher in the South, Central and North Zones compared to the Calgary and Edmonton Zones.

Hospitalization Rate for Leading Causes, 2010



AHS Data Integration, Measurement and Reporting. Prepared by: AHS Surveillance and Health Status Assessment

Geographic Comparisons

The population characteristics and health status of Albertans varies in relation to where they live in the province. Alberta Health Services continues to ensure there are meaningful descriptions and comparisons between geographic areas. Below are some examples, based on currently available data.

	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Alberta
Population (2010)	281,934	1,371,401	445,004	1,156,928	435,255	3,690,522
Average Age (2010)	37.6 yrs	36.8 yrs	37.8 yrs	37.5 yrs	34.6 yrs	36.9 yrs
Population: 0 to 17 yrs	24.5%	22.2%	23.9%	21.8%	26.4%	23.0%
Population: 65 yrs or Older	13.5%	9.8%	13.1%	11.4%	8.7%	10.9%
Aboriginal (2006)	5.6%	2.7%	5.7%	5.0%	15.7%	5.8%
Average Census Family Income (2006)	$76,536	$105,277	$82,238	$91,780	$91,832	$98,240
No High School Certificate (2006)	20.0%	11.5%	20.6%	13.9%	23.0%	15.4%
High School Certificate Only (2006)	26.8%	22.5%	26.9%	23.6%	25.3%	24.1%
Lone parent families (2006)	12.9%	13.8%	12.5%	16.0%	12.9%	14.4%
Owned Dwellings (2006)	74.4%	74.1%	75.9%	69.1%	73.8%	73.1%
Number of Live Births (2009)	4,268	18,765	5,704	15,254	7,036	51,068
Infant Mortality (per 1,000 Live Births) (2005-2009)	5.4	5.1	7.1	6.5	6.6	6.0
Leading Causes of Death (2007-2009)	Circulatory Cancer Respiratory Mental/ Behavioural Unintentional Injury	Circulatory Cancer Respiratory Mental/ Behavioural Digestive	Circulatory Cancer Respiratory Unintentional Injury Nervous System	Circulatory Cancer Respiratory Digestive Nervous System	Circulatory Cancer Respiratory Unintentional Injury Endocrine/ Metabolic	Circulatory Cancer Respiratory Unintentional Injury Digestive
Deaths 2007-2009: Age Standardized Rates (per 100,000) to 1991 Canadian Population						
Circulatory Disease	186.0	154.5	178.5	151.2	185.1	162.8
Cancer	148.8	139.5	161.7	154.7	175.1	151.8
Ischaemic Heart Disease	105.6	91.6	102.5	88.3	104.1	94.5
Respiratory Disease	46.8	41.4	50.2	51.2	59.0	48.0
Stroke	31.1	25.1	33.9	26.6	35.5	28.5
Unintentional Injury	30.0	17.9	32.3	20.6	44.6	24.5
Suicide	11.4	10.1	15.6	13.0	17.1	12.6

Source: Vital Stats, Statistics Canada, AHS Data Integration, Measurement and Reporting. Prepared by: AHS Surveillance and Health Status Assessment.

Urban/Rural Differences

Throughout the province, there are population characteristics and health status indicators that differ based on geographic location. It is important to understand how health status may vary within zones. To accurately assess disparities standardized and comparable descriptors for zones and sub-zones are required. Disparities include the determinants of health, health status and service needs and utilization. Below are examples of zone differences.

- South, Central and North Zones have the highest proportion of people without high school certificates at 23, 21 and 20 per cent, respectively, in comparison to Edmonton (14 per cent) and Calgary (12 per cent) Zones, which are below the provincial average (15 per cent).
- South, Central and North Zones have higher cancer death rates per 100,000 population than Edmonton and Calgary Zones, and higher than the Alberta average.
- Similarly, South, Central and North Zones have higher rates than Edmonton and Calgary Zones of death due to suicide, stroke, unintentional injury, infant mortality, ischaemic heart disease and circulatory disease.
- In Edmonton Zone, the infant mortality rate, low birth weight and preterm birth rates were all higher for babies born in low socioeconomic groups compared to those born in either average or high socioeconomic groups.

Demographics and Health Needs – Service Response Required:

- Address health **inequities in rural and**, low socioeconomic areas, and with other vulnerable populations – those with **disabilities, lone parents, recent immigrants, refugees and Aboriginal people**.
- Focus on **wellness** and **health promotion**, with particular attention to supporting **better health in early childhood**.
- Plan **services to match population-based** care needs focused on community assessments, **working to reduce health inequalities**.
- Meet the needs of a **growing and aging population that place increasing demands on the health system**.
- Introduce strategies to minimize **chronic disease** incidence and progression, including the development of comprehensive care strategies for major chronic conditions and embedding these within a strong primary health-care system.
- Address the issue of **injury**, through advocacy for and support of inter- agency and inter-governmental policies, public awareness messaging, and suicide prevention/treatment resources, particularly for rural and Aboriginal residents.
- **Partner** and engage with government, a variety of other stakeholders and the public, **to address population health needs**.
- Establish, with partners, **local geographic/community-based improvement targets** for key health outcomes.
- Develop **locally integrated and prioritized service response** to meet outcome-based targets and show how the improvement effort matches to needs.

Primary Care/Primary Health Care

The percentage of Albertans who report having a regular family physician (78.8 per cent) is lower than the national average of 84.8 per cent. Access to medical doctors varies across the province, with the most significant shortage being in northern Alberta where 74.4 per cent report having a family physician. Insufficient access to family physicians may result in higher use of other parts of the health-care system.

Primary care is the care that individuals receive at the first point of contact with the health-care system, usually provided by family physicians and other health-care providers. Patients receive care for their everyday health needs, including prevention, diagnosis and treatment of health conditions, as well as health promotion.

There is strong evidence that development of a primary care team, which would become a medical home for individuals or families, offering a range of primary and community-based care, will improve health outcomes. This would allow for wider coverage of currently underserved populations and an extended role for primary care – including disease prevention, case management and disease management – with specialist roles to allow cross-referral among team members. The development of specialist community services that can receive referrals – such as a community-based rehabilitation team – would further add capacity.

A primary care network (PCN) is an arrangement between a group of family physicians and Alberta Health Services to provide primary care services to patients. As at April 1, 2012, primary care networks were actively providing health services to 75 per cent of Albertans. The number of Albertans in primary care networks will increase as additional primary care networks are in development.

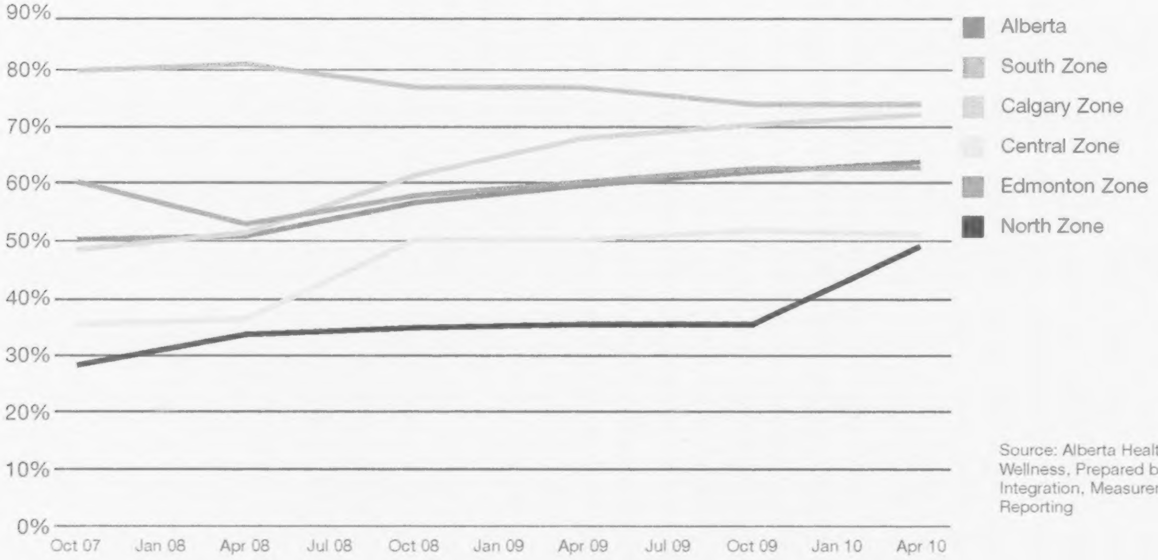
The number of Albertans who report having a family physician is lower in the North Zone than the rest of the province. As depicted below, there are fewer physicians overall in the North, Central and South Zones compared to the Edmonton and Calgary Zones. Residents in northern Alberta have the lowest enrolment in primary care networks.

Physician Resources by Alberta Health Services Zone
For the Period July to September 2011

Zone	Number of Specialists	Number of Non-Specialists	Total	Physician Resource per 1,000 Population
South	344	106	431	1.53
Calgary	2889	488	3246	2.37
Central	327	254	568	1.28
Edmonton	2597	538	2995	2.59
North	232	218	457	1.05
Total	**6389**	**1604**	**7697**	**2.09**

Source: College of Physicians and Surgeons of Alberta, Prepared by: AHS Data Integration, Measurement and Reporting

Population Percent in Primary Care Networks – (PCNs) by Zone



Source: Alberta Health and Wellness, Prepared by: AHS Data Integration, Measurement and Reporting

Primary Care / Primary Health Care – Service Response Required:

- Improve access to primary care and a range of team-based, evidence-informed and patient-centred services by increasing participation rate in primary care networks and strengthening the scope and range of services available in this model.
- Establish additional primary care services that anticipate and meet the needs of individuals including those with **chronic and complex conditions**.
- **Reduce inequities** in health outcomes and target injury rates through integrated primary and community services working in close partnership with communities, families and patients to support overall **health improvement, and prevention of disease illness and injury**.
- Engage patients and families in all aspects of care.
- Fully adopt an **integrated approach** to care across the continuum through an extended scope and vision for integrated primary and community supports provided through the primary care medical home.

Access and Appropriate Service

Access

Timely access to care is an issue in a number of key areas. While the public is generally satisfied with care when they receive it, one of the most common concerns is wait times. Lengthy wait times result in potential for complications, deterioration in health, unnecessary admissions to hospital, and burden on family and other supports. Some areas for improvement in access include:

- Wait time to specialty care.
- Wait time in emergency departments.
- Wait time for surgery.
- Wait time for cancer care.
- Wait time for continuing care.
- Wait time for Health Link Alberta nurse response.

Appropriate Service

Creating more capacity is not the only solution to increase access to care. Currently, care may be provided in a more intensive environment than necessary. This affects both the quality of care and the sustainability of the health system. The provision of care in the most appropriate setting is measured by:

- **Waiting for continuing care placement:** This indicator captures the number of people in acute care and in the community who are best served in a continuing care setting, such as long-term care facilities, supportive living options, palliative care, etc. The lower this measure, the better the health system has performed in providing living options in a manner that meets the growing needs of the aging population.
- **"Family practice" sensitive conditions:** Patients are being seen in the emergency department for conditions that could be treated in the community. The lower this measure, the better the health system has performed in supporting people to access care from their primary care team. In 2011/2012, the Alberta rate for "family practice" sensitive conditions was 26.4 per cent.
- **Ambulatory care sensitive conditions:** Often patients are admitted to hospital for conditions that may be treated in the community. The lower this measure, the better the health system has performed in keeping people out of the hospital. In 2011/2012, the Alberta rate for ambulatory care sensitive conditions was 278 per 100,000 population. Although this compares favourably to Canadian benchmarks, there is further opportunity to improve.
- **Hospital discharges:** Alberta has a lower average acuity and a higher rate of hospital discharges than the rest of Canada (adjusting for age and gender). There is significant variation across the province in the average length of hospital stay and hospital separation rates.

Access and Appropriate Services – Service Response Required:

- Define, measure and manage actions that will reduce service wait times.
- Introduce a co-ordinated, evidence- and system-based approach to **improve access and system patient flow**.
- Enable efficient, safe and quality care practices through processes such as **accreditation**, implementation of integrated care **pathways** and response to **patient concerns**.
- Reduce unnecessary variance in practice and standardize care.
- Redesign processes to improve workflow, and enable with technology and workforce optimization.

Patient Safety

Albertans coming to Alberta Health Services for help, whether through public health services, outpatient services, urgent care centres, hospitals or long-term and palliative care, have the right to expect safe care. Patient safety is key to providing quality services and supporting positive outcomes for patients and families. While everyone strives for excellence, some individuals do experience infections or an adverse event while in hospital for which there are recognized and available preventive measures. To positively affect outcomes and system efficiencies there are continual opportunities to learn from each other and from other jurisdictions to ensure the provision of quality, safe care.

Consistent and provincewide standards for safety are important components of serving patients effectively. Baseline results will become available over the next one to four years for additional potential measures such as:

- Hospital acquired methicillin resistant staphylococcus aureus infection rate among patients admitted to acute care hospitals in Alberta: incidence of cases per 1,000 admissions.
- Hospital acquired central venous catheter blood stream infection rate among patients admitted to intensive care units: incidence of cases per 1,000 device days.
- Rates of total joint arthroplasty (hips and knees) surgical site infections within 30 days of surgery.

Patient Safety – Service Response Required:

- Develop and implement a **single provincial patient safety reporting and learning system**, governed by a single policy and set of principles.
- Develop and implement a plan for promoting a “**just and trusting culture**.”
- Develop and implement a quality/safety education and training curriculum to help **build Alberta Health Services internal capability for quality/safety improvement**.
- **Increase standardization** and appropriateness for practice by developing clinical pathways through the strategic clinical networks and Operating Clinical Networks.
- Report on Never (adverse) Events (as an Alberta Health Services key measure included on the Alberta Health Services Performance Dashboard).
- Introduce and implement methodology designed to **identify potential patient safety issues** that might not be identified through regular reporting processes.
- Address quality and patient safety issues through the provincial Feedback and Concerns Tracking System (FACT), the Alberta Health Services patient engagement framework, the establishment of a patient and family advisory group, and the undertaking of accreditation activities.

Seniors Health

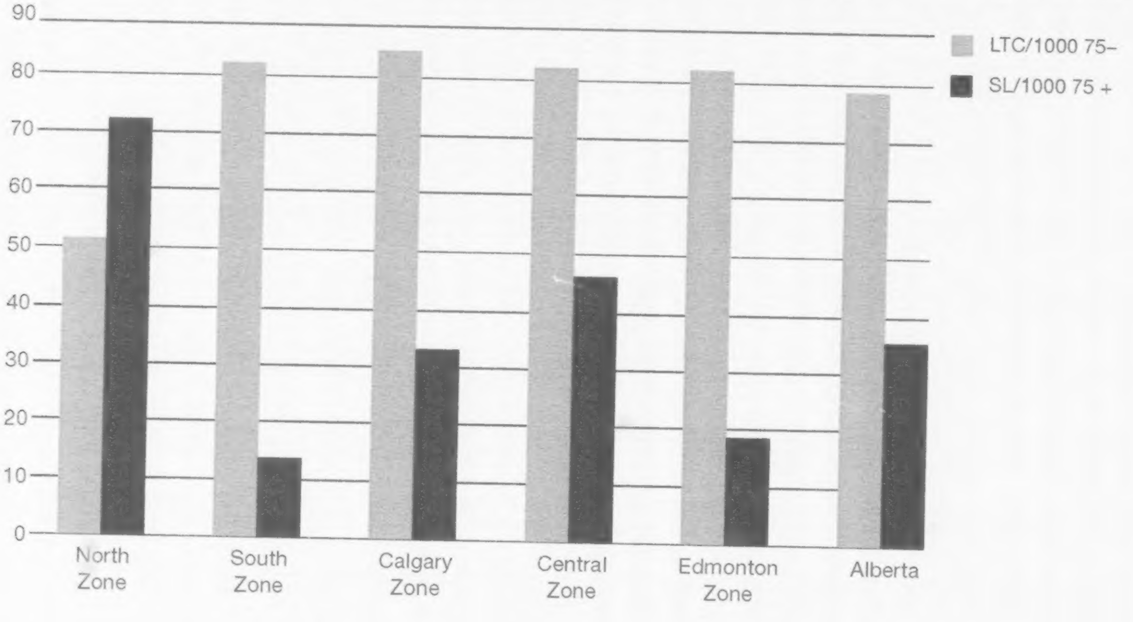
- Alberta has more than 370,000 seniors, about one in ten Albertans. Each month, the population of seniors in Alberta rises by approximately 1,000. This growth is accelerating as more baby boomers reach age 65.
- In 10 years, Alberta can expect to have 555,000 seniors.
- By 2031, one in five Albertans (about 880,000) will be a senior citizen.
- Since 1992, the number of seniors 85 years and older has doubled to 50,798 (2010) and is expected to be 71,990 by 2025.
- The prevalence of dementia in the Canadian population is expected to double in the next 30 years.

Seniors use more health services as they age. It is important to enable seniors to be as healthy as possible. Some specific issues related to seniors care include:

- More than four out of five Canadian seniors living at home suffer from a chronic health condition. Nearly half of individuals over 85 years of age have activity limitations related to one or more chronic health conditions.
- Seniors want to live in their own homes for as long as possible and have accessible health services, but are restricted by the lack of home and community supports. Currently, some communities have very limited choice of supports.
- Seniors often end up in the emergency department when after-hours support is not available.
- There are not enough facility-based spaces to meet current need. This is reflected in the number of people currently in hospitals and in the community waiting for continuing care. The number of alternate level of care days in hospital emphasizes the fact people are not being cared for in the right setting. It also represents an inefficient use of acute care resources.
- The continuing care system is complicated for individuals and their families to navigate and understand.
- Funding for continuing care services does not always match service needs, which can create the wrong incentives for care providers and affect quality of care.

The following graph illustrates provincial variation in the rates and types of seniors' living accommodations, and the need to increase the number and types of care options to provide choice for seniors.

Long Term Care & Supportive Living Beds – *Per 1,000 Population 75+, March 31, 2011*



Source: 2011Mar. 31 AHS Bed Survey; AHS Population & Public Health. Prepared by: AHS Strategic and Service Planning

LTC is a care setting for individuals with complex and unpredictable medical needs requiring 24/7 on-site RN for assessment/treatment. Other health professionals may provide care on a 24/7 basis as well. This includes Nursing Homes under the Nursing Home Act and Auxiliary Hospitals under the Hospitals Act.

Supportive Living 3 is Designated Enhanced Living care setting where 24-hour support is provided by a health-care aide with a registered nurse on-call

Supportive Living 4 is Designated Enhanced Living care setting where 24-hour support is provided by a licensed practical nurse and health-care aide with an on-call registered nurse. There are also SL4 care sites providing care for individuals with dementia.

Seniors Health – Service Response Required:

- Invest in supportive living options to **extend the choices available to seniors**.
- **Expand home care** services.
- Improve the **matching of services to needs** with more options available and enhanced access to caregivers, so seniors can live independently as long as possible.

The five areas for action to support this change are:

1. Meeting demand of an aging population
2. Standardizing assessments to ensure that seniors get the right care
3. Supporting independence through choice of options for care
4. Assuring quality of care
5. Ensuring equitable funding for providers

Workforce

The Government of Alberta and Alberta Health have identified appropriate health workforce development and utilization as a key goal for 2012-2015. This includes co-ordination and integration of services to provide person-centred primary health care, including through family care clinics; efficient and effective use of available workforce; and an expanded role for pharmacists, nurse practitioners, midwives and other practitioners.

Innovation in health service delivery is needed to achieve the goals of improving quality and increasing timely access to health care while making the system more effective and accountable. The health workforce represents the greatest asset held by Alberta Health Services and, therefore, has a central role in making Alberta the best-performing publicly funded health system in Canada. The workforce must be viewed in the broadest sense and include a wide array of health professionals and staff in support areas such as human resources, finance, planning information technology, food services, housekeeping and others.

For nearly five decades, cyclical peaks and valleys in the supply of nurses have created considerable challenges for health-care planners across Canada (Alberta Health and Wellness, 2008). Like many other countries, Canada is currently experiencing a shortage of registered nurses that is projected to worsen over the next decade (Basu and Halliwell, 2004). In 2007, the Canadian Nurses Association (CNA) noted that although nearly 217,000 nurses were delivering services in Canada, 11,000 more full-time equivalent (FTE) registered nurse positions were needed to meet health-care needs at the time. Those projections, however, were based on assumptions about the way in which nursing care is delivered (i.e., model of care) and on staffing patterns (i.e., staff mix) that often reflect traditional ways of organizing the delivery of nursing services. They also underscore the impact of choices that nurses and other providers make about the average number of hours they are willing to work, a variable that can often be influenced through employer policies (i.e., mandated minimum weekly hours) or practices (i.e. leadership support). The challenge in workforce planning is to anticipate future health needs and estimate the number and type of health-care providers needed to respond to those needs effectively and efficiently.

The forecasting methodology applied to-date underscores the conclusion that we cannot continue with the status quo. Historically, workforce planning was based on assumptions about existing patterns of practice. Future workforce planning relies on changing those assumptions in keeping with the current focus on collaborative, patient/family-centred models of care and the appropriate use of all health-care providers' skills and knowledge. To provide the care that Albertans need now and into the future will require fundamental changes in both the mix of health-care providers and the way in which they work together in delivering care.

Workforce – Service Response Required::

- Continue to develop **forecast methodology** to support workforce policy, model development, planning and redesign.
- Develop a **clinical workforce strategy** that reflects anticipated future needs and optimizes the use of a variety of health professionals to their full scope of practice.
- Develop **policy options** that can best **mitigate unwanted shortages or surpluses** of different types of health-care providers. Examples include:
  - Offering targeted incentives to attract and retain the right number and mix of nurses, health-care aides and allied health-care providers.
  - Making more effective use of the knowledge and skills of all workers by redesigning the way in which **providers work together** in delivering appropriate and timely patient-centred care.
  - Offering **continuing education programs** to build capacity for collaborative practice and inter professional education.
  - Using population needs–based approaches in establishing **staffing models which are sensitive to the local context** in which health care is delivered.

Workplace

The performance of Alberta's health-care system is directly related to the staff and physicians who provide care and services throughout the province. As the largest single employer in the province, Alberta Health Services has the opportunity to both create a satisfying workplace and to deliver services in a manner that is sustainable for the future. To do this, it is important that Alberta Health Services fully engage its people and their skills. Working as part of an interdisciplinary team and enabling professionals to work to full scope of practice further help staff and physicians contribute to service quality, access and sustainability.

Alberta Health Services is committed to enabling employees and physicians to provide excellent care by providing the appropriate supports, such as education, an attractive and safe work environment, and the tools to deliver quality patient care. A shared culture based on the Alberta Health Services' values of respect, accountability, transparency engagement, safety, learning and performance will lead to higher levels of performance.

Themes identified as important by Alberta Health Services staff and physicians, in the recent Workforce Engagement Survey, include:

- A culture that respects, values and appreciates their contributions.
- The opportunity to be engaged in decision making and change.
- The opportunity to make a difference and contribute to improved quality and safety of care and improved health outcomes for individuals and families.
- A healthy and safe workplace.
- Appropriate resources and supports to successfully do their jobs.
- Development opportunities, including competitive compensation.
- Professional autonomy and scope of practice.
- Appropriate workload, flexible scheduling and deployment.
- Clear priorities, accountability and communication.
- Opportunity to contribute to interdisciplinary teams.

Workplace – Service Response Required:

- Promote a **culture** of respect, transparency, accountability engagement, safety, learning and performance.
- Establish opportunities for **meaningful engagement** and **open communication**.
- Develop and sustain an energizing work environment that is patient-centred.
- Create a work environment that **promotes safety, wellness and a just culture**.
- Provide support for **learning and development** opportunities.
- Enable effective utilization of the health workforce (i.e., scope of practice, interdisciplinary teams).
- Establish workforce and recruitment plans for health professional, technical and other staff groups. Redesign processes with a focus on workflow and best use of workforce and technology.

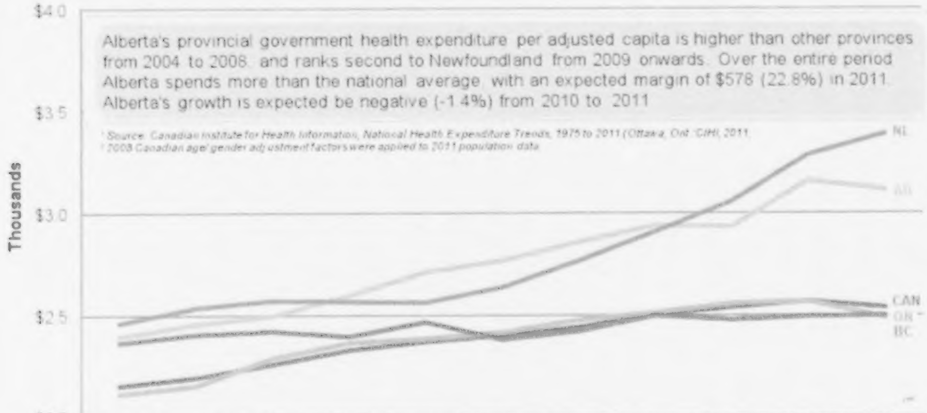
Sustainability Challenges

Sustainability of the health-care system, in the context of rising health-care demands, is a major issue in Alberta. The Government of Alberta and Alberta Health Services are committed to the effective management of resources to build a stronger health-care system that will meet the needs of Albertans, now and in the future. This means resources invested in health care must be invested in the optimal models of care to realize the best outcomes for Albertans. The health system will be challenged to meet the combined pressures of an aging population, rural and remote service delivery, rising expectations and new technologies. For the system to be able to offer the most appropriate technologies to the population at large, existing services have to be delivered at lower cost and new funding sources need to be explored. Re-engineering of current processes and tools to ensure efficient and cost-effective quality health service delivery is an ongoing requirement.

The need for sustainability mandates that our strategy for the future include more investment and engagement in prevention. To be sustainable, our health system and communities will be required to optimize wellness, illness/disease detection, and management, and healing and well-being at every step of the health service continuum. Effective partnerships with individuals and families will be crucial to allow the continuing shift to a more community-based system of care.

As illustrated below, Alberta has one of the highest per capita expenditure on health services in Canada, after adjusting for inflation.

Provincial Government Constant (1997) Health Expenditure[1,2] per Adjusted Capita, 2001 to 2011



Alberta's provincial government health expenditure per adjusted capita is higher than other provinces from 2004 to 2008, and ranks second to Newfoundland from 2009 onwards. Over the entire period Alberta spends more than the national average, with an expected margin of $578 (22.8%) in 2011. Alberta's growth is expected be negative (-1.4%) from 2010 to 2011.

[1] Source: Canadian Institute for Health Information, National Health Expenditure Trends, 1975 to 2011 (Ottawa, Ont.:CIHI, 2011)
[2] 2008 Canadian age/gender adjustment factors were applied to 2011 population data

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010 f	2011 f
CAN	2,155	2,194	2,262	2,330	2,371	2,403	2,443	2,499	2,535	2,567	2,535
AB	2,396	2,454	2,494	2,597	2,712	2,767	2,858	2,937	2,931	3,156	3,113
ON	2,113	2,156	2,290	2,364	2,387	2,415	2,479	2,513	2,555	2,565	2,488
BC	2,368	2,406	2,420	2,398	2,464	2,382	2,422	2,495	2,476	2,490	2,495
NL	2,461	2,537	2,570	2,568	2,564	2,636	2,769	2,910	3,060	3,284	3,387

[1] Source: Canadian Institute for Health Information, National Health Expenditure Trends, 1975 to 2011 (Ottawa, Ont.:CIHI, 2011)

[2] 2008 Canadian age/gender adjustment factors were applied to 2011 population data.

It is more expensive to deliver health services to populations in rural and remote areas. Other provinces have populations in rural and remote areas however, Alberta spends more than most other provinces to provide quality health services. Alberta is continuing to transform and standardize the health system across the care continuum and to customize health services for priority populations.

The sustainability of health services is a challenge that is not unique to Alberta. The Organization for Economic Cooperation and Development (OECD), in its recently released Health Data 2010 Report, indicates that the total health spending in all OECD countries is rising faster than economic growth. The average ratio of health spending to GDP increased from 7.8 per cent in 2000 to 9.0 per cent in 2008. Factors contributing to spending increases were technological change, population expectation and population aging. Expectations are that these factors will continue to drive future costs higher.

Although there have been many proposals for solutions to the long-term sustainability of health systems over recent decades, attention is being drawn to health promotion and prevention activities. This includes action to address health inequities. Fair Society, Healthy Lives: The Marmot Review, published in February 2010, sets out a strategy to reduce health inequities in England. The Marmot Review outlines six policy objectives that must be met if health equity is to be achieved, these are:

1. Give every child the best start in life;
2. Enable all children, young people, and adults to maximize their capabilities and have control over their lives;
3. Create fair employment and good work for all;
4. Ensure a healthy standard of living for all;
5. Create and develop healthy and sustainable places and communities; and
6. Strengthen the role and impact of ill-health prevention.

In Canada, the Ministers of Health and Healthy Living/Wellness released a declaration on prevention and health promotion in September 2010. This declaration acknowledges the importance of addressing disparities and the promotion of health and prevention of disability and injury in the sustainability of the health system. The declaration also outlines the importance of working collaboratively both, inside and outside of government to reduce or remove differences and support the health of the population.

Alberta Health and Alberta Health Services have collaborated to gather information to help anticipate and plan for a sustainable future. This work looked forward 20 years to consider the actions that must be undertaken in the intervening years to ensure Albertans have access to quality and sustainable health services. The project includes conferences with international speakers, working with clinicians and other partners on potential service models, identifying forces influencing change, and developing potential future population health scenarios.

The desired future for health services in Alberta was identified as one in which the health system has fast uptake of high performance system characteristics and individuals, families and communities have high uptake of action on self care and population health. In order to realize this future, it was identified that significant innovation must occur in five areas:

- Well-being – partnerships and a stronger focus on the health and well-being of Albertans.
- Primary health care – strengthening and integrating primary and community care.
- Specialized and continuing care – improving transitions, quality of care and choice for patients.
- Health system – strengthening management enablers for a high-performing health system.
- Workforce – optimizing the workforce.

The need for sustainability clearly mandates our strategy for the future include more investment and engagement in prevention and in addressing health inequities. To be sustainable, our health system and communities will be required to optimize wellness, detection, management, healing and well-being at every step of the health service continuum. Effective partnerships with patients and families will be crucial to allow the continuing shift to a more community-based system of care. Investment in research, knowledge transfer and innovation and the development of standardized information systems, clinical pathways and other quality improvement and assurance mechanisms will support a high level of system performance.

Sustainability – Service Response Required:

- Collaboratively develop and invest in initiatives to **strengthen prevention and health promotion and reduce inequities.**
- Design **alternatives to hospital admission** for conditions suitable for community management – including rapid assessment services, responsive home care, and active case management – and focus on avoiding unnecessary admission and unplanned hospitalization.
- Redesign processes with a focus on **workflow**, and best use of workforce and technology.
- Reduce unwarranted variances in practice, **standardize care** and ensure continuity of care.
- Develop alternative service delivery models in partnership with primary care.
- Provide assessment and tailored support for seniors to remain at home and provide care and support to individuals at the end of life.
- Add value through **better information to support decision making**.
- Minimize transaction costs across Alberta Health Services.
- Create systems that support positive change through improved processes, policies and technology.
- **Leverage the benefits of system consolidation** (i.e., finance, human resources, procurement, communication, technology, etc.).
- Encourage innovation, use of research and support transfer of best practice throughout Alberta Health Services.

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Appendix II

PRIORITY SETTING

Establishing priorities is an essential part of the organizational decision making process. Ensuring priorities align with long-term direction and need and decisions on resource allocation are aligned with the established priorities and support the strategic direction described in this health plan is facilitated by a consistent approach and methodology/framework. The priority setting process is based on achieving the outcomes and measures in the 2012–2015 Health Plan. The priority setting tools are used to support decisions for investment, disinvestment or reallocation of resources. The priority setting process can be used to tie value for dollars invested, to support the case for major changes, to ensure alignment with the strategic direction of the organization, to determine priorities in planning and budget discussions or to assist with sequencing of initiatives or projects.

The intent is to have a provincial approach to assist Alberta Health Services in making decisions about priorities, ensuring there has been a high level evaluation of the potential impact. The scale-based scoring system enables very different proposals to be understood in terms of relative merit.

The reorganization of Alberta Health Services' structure has enabled development of priorities within zones and these priorities have been considered when establishing priorities from the broader provincial perspective.

In the fall of 2011 Alberta Health Services carried out a series of priority setting exercises with internal and external partners. This included Alberta Health and Wellness, Alberta Health Services' Board, Executive Committee and Senior Leaders and the Alberta Clinician Council.

Using a consistent ranking tool as a reference, the partners listed above each had the opportunity to review the potential priorities and select two priorities from each strategy area. These areas aligned with *Alberta's 5-Year Health Action Plan 2010-2015* strategy areas. This review process resulted in a high degree of consistency amongst the groups using the tool. The criteria ranking tool is provided below.

The next step involved using these priorities to align the investment strategies of Alberta Health Services to support the achievement of our goals. The alignment of the initiatives and investments with the five strategy areas provide focus on the longer term priorities as well as the important and urgent priorities of Alberta Health Services.

Priority Setting Criteria and Ranking Tool

Criteria	Key Priority Considerations	Value Assessment Score (0 - 5)
Population Health		
1 Life expectancy disparities reduced	Increase life expectancy, health outcomes or quality of life	
	Improves health equity across province	
2 Potential years of life lost	Decrease potential years of life lost (<75 years lived)	
	Prevents future health problems	
Total Population Health Score		/10
Access and Acceptability		
3 Patient reported experience and outcomes	Increases Patient satisfaction	
	Improves patient experience	
4 Fair time to wait	Improves access or decreases wait time for pressure areas (Tier One Measures)	
	Improves access for those experiencing barriers	
Total Access and Acceptability Score		/10
Quality		
5 Appropriateness of care (right care, right place, right need, right provider)	Improves appropriateness of care (right care, right place, right need, right provider)	
	Improves ability to plan for long-term operational needs	
	Improves effectiveness in care delivery	
6 Standardized, evidence informed care	Contributes directly to achievement of acceptable accreditation status	
	Innovative change to improve care	
	Improves consistency of policies and practices	
	Promotes standardized, evidence informed care, reduces variability	
7 Reduced harm/improves safety	Decreases in infection rates: MRSA and/or surgical site infections	
	Decreases never (adverse) events	
	Decreases disabling injury rate for staff and healthy work environment	
Total Quality Score		/15
Sustainability and Efficiency		
8 Cost effectiveness	Promotes system integration, reduces service fragmentation and reduces future costs	
	Reduces duplication and streamline processes to improve efficiencies	
	Enables shift of services to more appropriate, lower cost settings	
	Improves information available to support decision making	
	Improves information security practices	
	Cost for required outcome benchmarked to the best in peer group	
9 People and Partners	Increases staff and physician engagement	
	Supports efficient use of workforce	
	Improves ability to attract and retain sufficient workforce	
	Enhances management of third party service providers	
	Ensures/provides opportunities for community and stakeholder engagement	
Total Sustainability Score		/10
Total Overall Score		/45
Value Assessment Scale		
0- No direct impact or influence on the identified performance measure		
1- Little benefit with no ability to spread or implement provincially		
2- Some benefit with local or limited impact		
3- Significant benefit with AHS wide impact/benefit		
4- Major benefit across AHS/will affect significant populations		
5- Greatest benefit will exceed/provide faster and/or better delivery of care/services with significant provincial impact on significant populations		

Appendix III

2012/2013 OPERATING BUDGET

Introduction

The 2012/2013 Operating Budget outlines the commitment of Alberta Health Services (AHS) to allocate financial resources to meet strategic and operational priorities for health care services for all Albertans. This summary fulfills AHS's commitment to the Board of Directors (the Board) and to Alberta Health (AH) and provides a public document that describes our commitment to Albertans.

This year, the operating budget is presented as an appendix to the Health Plan 2012 – 2015 (the Health Plan), reflecting the alignment between the strategic plan for the organization and the financial resources to support the plan. The health plan and the operating budget are aligned with joint AH and AHS commitment to *Alberta's 5-Year Health Action Plan 2010-2015* and the vision of becoming the best-performing, publicly funded health care system in Canada. AHS commitment to improving quality, access and sustainability are key goals for both the health plan and the operating budget.

Over the past six months the Strategy and Performance, Enterprise Risk Management and Financial Planning teams have worked together to ensure a co-ordinated approach to strategy, risks and financial planning for the organization. The following information describes the financial allocations in support of five key strategy areas from the Health Plan. The business plan also includes an outlook for the coming three years and describes the importance of promoting quality, access, and sustainability.

2011/2012 Review

2011/2012 is the third year of operation for AHS and the second year of the five-year funding commitment between the Government of Alberta (the Government) and AHS. This funding commitment is the first of its kind in Canada and has allowed AHS to make longer-term investments in support of strategic priorities. Under the terms of this commitment, AHS received a six percent increase, or $545 million, in incremental operating base funding in 2011/2012. In addition, $19 million was added to the operating base for the Continuing Care Strategy Home Care Program and $33 million for air ambulance for a total incremental operating increase of $597 million. Total provincial funding (operating and restricted grants) represents 89 per cent of AHS's total revenue in the 2011/2012 budget. The 2011/2012 Operating Budget is based on total operating revenues of $11,771 million with committed expenditures of $11,791 million to meet operational requirements for service delivery along with investments in strategic priorities and key initiatives for the organization. The draft unaudited financial statements as of April 25, 2012 indicate operating expenditures lower than planned while operating revenues are higher than planned. This has resulted in an operating surplus of $78 million and an accumulated surplus of $78 million.

The accumulated surplus will be used to support operational requirements and strategic priorities in 2012/2013 and future years. AHS will continue to focus on quality, access, and sustainability in order to achieve a balanced position at March 31, 2015.

Context for 2012/2013 Operating Budget Planning

The health plan incorporates information from a number of sources, including information on the health status of Albertans, utilization of health care services, organizational risks, input from health advisory councils, zone integrated plans, next phase innovations, actions from *Alberta's 5- Year Health Action Plan 2010 - 2015*, tier one measures and recent priorities from Government of Alberta. The health plan also reflects priorities identified by the AHS Board, AHS Executive, Alberta Clinician Council, AH, and AHS senior leaders.

The health plan categorizes AHS's priorities into five strategy areas:

1. Be healthy, stay healthy: focusing on reducing disparities.
2. Strengthen primary care: focusing on family care clinics and addiction and mental health.
3. Improve access and reduce wait times: wait time measurement and access to surgical capacity are priorities along with ongoing efforts to promote Tier One access measures.
4. Provide more continuing care options: including home care expansion and redesign and continued implementation of the continuing care strategy.
5. Build one health system: clinical workforce optimization and essential IT infrastructure.

In addition to the strategic priorities identified in the health plan, the following contextual factors are considerations for 2012/2013 and future budget planning:

- Traditional historical increases in health care expenditures in Alberta. From 2000 to 2008, the rate of increase in health care expenditures was approximately ten per cent per year. Although the rate of increase has slowed recently, Alberta provincial government and health region constant health expenditure per adjusted capita remains the second highest in Canada (CIHI Cost Drivers November 2011).
- While health region expenditure as a percent of total provincial government expenditure compared to other provinces is higher than average in Alberta, it is also important to remember that health care expenditure as a percent of gross domestic product is relatively lower in Alberta than in other provinces.
- The higher provincial expenditure per adjusted capita in Alberta occurs across an array of services, with the largest differences being for hospitals, capital and physician services.
- Alberta has relatively high service utilization compared to British Columbia, Ontario and the national average. As an example, age standardized acute inpatient utilization is 11 per cent higher than the national average and acute average lengths are stay of nine per cent above the national average, while Alberta's resource intensity weight, a measure of intensity of services and resource use, is eight percent below the national average.
- Service utilization also varies between the different zones within Alberta, but it is also important to remember that health needs, including health status, morbidity and social determinants of health vary across zones;
- Reporting by the Canadian Institute for Health Information highlights the fluctuation in expenditures on capital projects in Alberta and the role of capital expenditures contributing to higher expenditure per adjusted capita.
- Despite higher expenditures per adjusted capita, health outcomes for Albertans remain near the Canadian average as measured by life expectancy while perinatal mortality per 1,000 live-births is higher than the Canadian average.

These are important factors as AHS plans for future sustainability as the population grows and ages. The Province of Alberta forecasts population growth of 21 per cent in the next ten years. With an aging population and increasing prevalence of chronic health conditions, there is a need to plan for the service needs of the population.

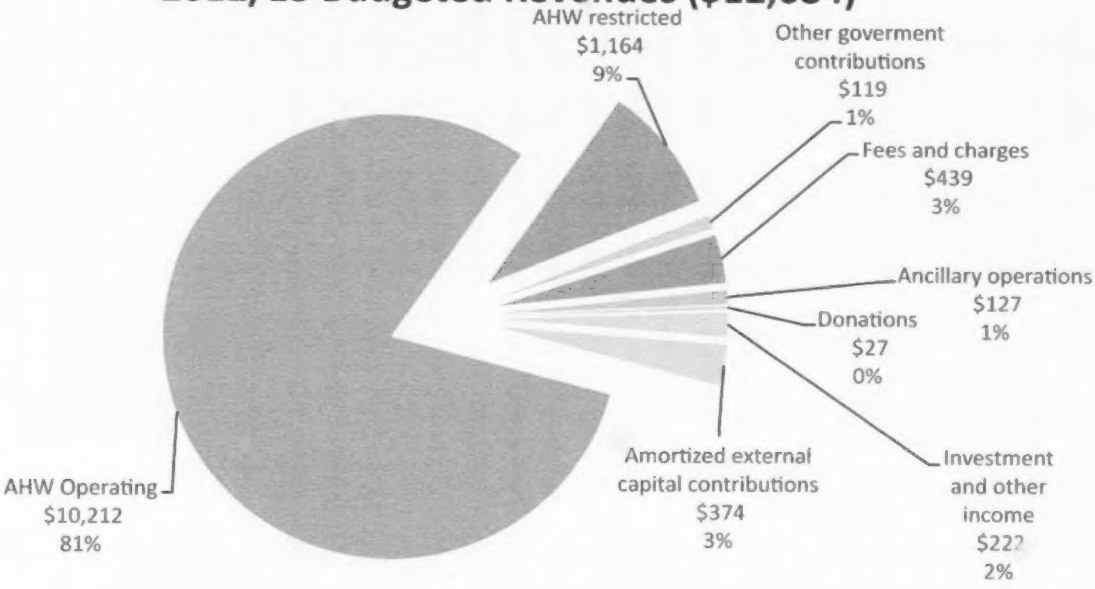
The budget planning process has also been guided by input from zones, programs and portfolios across AHS. Each area identified funding required to continue current operations (cost pressures, anticipated contract and other rate increases) along with opportunities to achieve savings in order to generate additional funds for new investment in strategic priorities, including AHS strategies in response to recommendations by the Health Quality Council of Alberta (HQCA). Zones, programs and portfolios have identified potential new investment opportunities to support the strategic direction for the organization. These new investment proposals and strategies have been reviewed, prioritized and recommendations for new investments are reflected in the 2012/2013 proposed resource allocations.

Among these strategic priorities is funding to promote access for priority services, including improving access to key surgical services (cardiac, hip replacement, knee replacement, and cataracts), funding to address HQCA recommendations, and funding to improve choice and quality in continuing care services for seniors.

The 2012/13 Operating Budget describes the organization's revenues and expenditures for unrestricted and restricted funds and AHS subsidiary entities, including Carewest, Calgary Laboratory Services, and Capital Care Group.

Operating Revenue

The graph below outlines the sources of funding expected to be received in 2012/13.



2012/13 Budgeted Revenues ($12,684)

AHS Operating is the main unrestricted funding source to provide health care services to the population of Alberta and is 81 per cent of total revenue for AHS. Base operating funding from AHW is expected to increase by six per cent, or $578 million, in 2012/2013 as Government and AHS enter the third year of the five-year funding commitment. Under the terms of the five-year funding commitment, base operating funding for 2013/2014 and 2014/2015 will increase by 4.5 per cent.

AHS Restricted is revenue that can only be used for specific projects and is recognized when the related expenses are incurred. This represents nine percent of total revenue for AHS and examples include funding for physician payments and population and public health grants. Funding of $267 million has been approved by Government to support the 2012/2013 opening of two new facilities: South Health Campus and Edmonton Clinic South. Reporting requirements are in place to ensure funds are expended as committed and results achieved with these investments are reported.

Other revenue consists of federal and provincial (excluding AHW) government contributions, investment and other income, donations from foundations, trusts and individuals as well as revenue from ancillary operations such as parking, non-patient food services, and sale of goods and services. This represents seven percent of total revenue for AHS.

Amortized external capital contributions represents the portion of external capital contributions recognized as revenue to match the amortization of related assets and is three per cent of total revenue for AHS.

Operating Expenditures

Operating expenditures are expected to increase to $12,684 million in 2012/2013. This represents over 7.5 per cent growth over the prior year budget. Expenditure growth includes incremental funding to support continuation of current operations of up to $510 million offset by $185 million of savings to provide additional funding for new investments. Funding to support strategic priorities and new investments of up to $283 million is provided. Finally, up to $285 million of operating funds to support new facilities is provided, with the majority supported by restricted grants from AH. In total, incremental operating expenditures of $893 million are provided to support current operations and promote new priorities.

Incremental funding of up to $510 million is provided to **continue existing operations**. This represents over half of the increased expenditures in 2012/2013. These commitments include funding for anticipated compensation increases, contracts with partner providers and other contract rate increases, transfer from internal capital to operating to fund the operating costs associated with completed IT capital projects, reductions to account for one time expenditures approved in 2011/2012, expenses associated with deferred grants, and other expenses. Part of this funding will be provided to operational and corporate areas for cost pressures and will be allocated according to the priorities for each portfolio. A number of restricted grants for AHS programs are expiring in 2012/2013 and funds have been allocated to permit selected programs to continue.

In order to provide additional funds for strategic priorities and new investments, all portfolios have been asked to identify **savings initiatives** in 2012/2013. $185 million has been identified and will be re-allocated to support strategic priorities across the organization.

AHS has committed incremental funding of up to $283 million to support **strategic priorities and new investments** identified in the health plan. Funded strategic priorities include: strategies to address recommendations from the HQCA, family care clinics, the Addiction and Mental Health Strategy, the continuing care capacity plan (1,000 additional continuing care spaces), home care redesign, increased services to promote access and manage wait times for priority procedures, care transformation, and strategic clinical networks.

Funding will be provided for incremental volumes of highly specialized provincial services. These are typically high cost services that often require referrals from across the province to the site(s) providing the specialized services. Examples include incremental volumes of coronary artery bypass graft (CABG) procedures, transcatheter aortic-valve implantations (TAVI) and ventricular assist devices (VAD). Further work is planned for this year to review and update the definition of highly specialized services to guide planning and funding for future years.

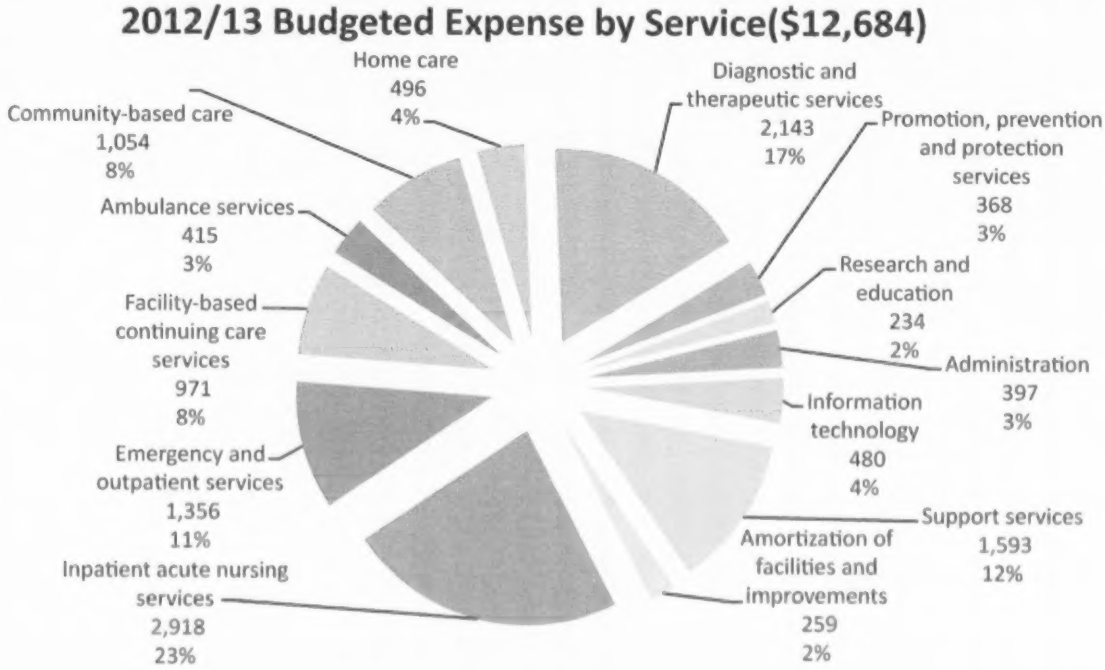
Up to $285 million is required to fund the operating requirements of **new facilities**. Government has approved funding for the operating costs associated with South Health Campus and Edmonton Clinic South. Other new facilities that will be funded in 2012/2013 include Strathcona, Fort Saskatchewan, Stollery Emergency Department, and the Sturgeon Community Hospital.

The South Health Campus, located in south-east Calgary, will begin its planned phased opening in the summer of 2012, with the opening of the Neurosciences and Academic Family Medicine clinics. The emergency department will open in early winter, followed by the operating rooms in 2013, Approximately 2,500 FTEs, both clinical and non-clinical personnel, will be hired for South Health Campus.

The Edmonton Clinic South is also scheduled to open in 2012. The clinic activity represents a transfer of existing service activity and total clinic visits are expected to be almost 252,000 visits in 2012/2013.

Budgeted Expenses by Service Category

The graph below depicts how operating expenses align with the services that AHS delivers. The change in spending from 2011/12 can be seen in Schedule 2.



Inpatient acute care services are comprised predominantly of nursing units, including medical, surgical, intensive care, obstetrics, pediatrics and mental health. This category also includes operating and recovery rooms. Budget for inpatient acute care services is $2,918 million and supports more than 2.5 million hospital inpatient days and over 360 thousand hospital discharges in an average year.

Emergency and other outpatient services are comprised primarily of emergency, day/night care, clinics, day surgery and contracted surgical services. Emergency and other outpatient services total budget of $1,356 million provides for nearly two million emergency department visits.

Facility-based continuing care services are provided in long-term care facilities and include chronic and psychiatric care services managed by AHS and contracted providers. $971 million is budgeted for continuing care and supports over 20,000 continuing care beds.

Ambulance services refers to emergency medical services (EMS), including ambulance, patient transport and EMS central dispatch. $415 million is budgeted for ambulance services supporting almost 380 thousand EMS calls/events.

Community-based care is comprised primarily of assisted living, including designated assisted living, palliative and hospice care. This category also includes community programs, primary care networks, urgent care centres and community mental health. $1,054 million is budgeted for community-based care supporting over 400 community mental health beds/spaces and over 180 palliative and hospice care beds/spaces.

Home care is comprised of home nursing and support and has a budget of $496 million in funding.

Diagnostic and therapeutic services is comprised primarily of clinical laboratory (both in the community and acute), diagnostic imaging, pharmacy, acute and community therapeutic services such as physiotherapy, occupational therapy, respiratory therapy and speech language pathology. $2,143 million is budgeted in diagnostic and therapeutic services supporting over 60 million laboratory procedures, more than 330 thousand computed tomography (CT) exams and more than 175 thousand magnetic resonance imaging (MRI) exams.

Promotion, prevention and protection services are comprised of health promotion, disease and injury prevention, health protection and emergency preparedness including pandemic planning and preparedness with $368 million in total budget.

Research and education is comprised primarily of formally organized health research and graduate medical education. The budget of $234 million is funded in part by donations and third-party contributions.

Administration is comprised of human resources, finance and general administration as well as a share of administration of contracted health service providers. General administration includes senior executive and many functions like communications, planning and development, privacy, risk management, internal audit, infection control, quality assurance, insurance, patient safety, and legal. These costs are budgeted at $397 million to provide support for staff and physicians across the province.

Information technology is comprised of infrastructure and systems support, device and print services, data processing, system development and software. $480 million is budgeted for these services.

Support services includes building maintenance operations (including utilities), materials management, (including purchasing, central warehousing, distribution and sterilization,) housekeeping, laundry and linen services, patient registration, and food services. $1,593 million is budgeted for support services in 2012/2013.

Amortization of facilities and improvements is comprised of amortization of buildings, building service equipment and land improvements capitalized by AHS totalling more than $259 million in expenses (exclusive of the portion of amortization charged to ancillary operations). Amortization of equipment is included in each of the other expense classifications above.

Three Year Outlook

The three year outlook (Schedule 1) assumes that AHS will end the five-year funding commitment at March 31, 2015 in a balanced position. In addition, under the terms of the five-year funding commitment between Government and AHS, the increase in annual base operating funding decreases from six per cent (2010/2011 through 2012/2013) to 4.5 per cent (2013/2014 and 2014/2015). As such, it is critical for AHS to plan for sustainability in the coming years.

The following assumptions were used in the development of the three year outlook:

- Consistent with the five-year funding commitment, a six percent base operating funding increase for 2012/2013 and a 4.5 per cent increase for 2013/2014 and 2014/2015.
- Operating costs associated with the opening of new facilities are included based on the projected opening dates.
- The continuing care capacity plan assumes an additional 3,000 beds will be opened between 2012/2013 and 2014/2015.
- Contract inflation increases are expected to decrease over the three years as a result of investments and efforts to bend the cost curve. Salary and benefit provisions are projected based on anticipated union agreements where available.
- Provisions have been made for new investments in strategic priorities as identified in the health plan;
- A minimum of one percent of savings is assumed per year for reinvestment and reallocation.

Sustainability

Both human resource and financial resource requirements for the future necessitate a focus on sustainability for the coming three years and beyond. The focus on sustainability is integrally linked with the other two AHS goals of quality and access. For example, quality initiatives to ensure appropriateness of service delivery are key to ensuring health care resources are used where the benefits will be greatest. Safety initiatives support sustainability by avoiding complications and adverse events and ensuring effective patient care. Similarly, targeting access initiatives to areas consistent with allocation efficiency and reflecting variations in current access to service is consistent with sustainability and ensuring value for money.

Planning is currently underway for priority sustainability initiatives in the coming year. These initiatives will reflect the short, medium and long-term requirements for AHS. For example, in the short-term, sustainability initiatives will build on existing initiatives currently underway such as workforce optimization to ensure limited human resources are used efficiently, to identify opportunities for productivity improvements, ensure appropriate mix of providers and support providers to work to full scope of practice. Administrative and contracting efficiencies are also areas of focus.

In the short to medium term, opportunities to address variation in service utilization and to ensure appropriate, effective and high quality services will be considered. Building on the work that is currently being done by strategic clinical networks, there are opportunities to review current service delivery and identify potential improvements consistent with evidence and standard care pathways.

In the long term, initiatives to promote population health and wellness will be an important component of sustainability. Integrated screening initiatives, reducing population health disparities and chronic disease prevention and management are examples of potential long-term initiatives to promote sustainable health care services.

Further information on sustainability initiatives will be reported during the 2012/2013 year, along with key performance measures to track the progress of these initiatives.

Key Risks

Maintaining a balanced and sustainable operating budget at the same time as providing a complex array of quality health care services tailored to individual and population health needs is critical to AHS. There are inherent risks and challenges to maintaining a balanced budget and meeting service needs. These risks and associated mitigating strategies are described below:

- **HQCA reviews and AHS response to HQCA recommendations:** Alberta Health Services is committed to responding to the issues identified by HQCA reviews and funding commitments are targeted to initiatives to address these recommendations, including acute care patient access and initiatives to manage alternate level of care days, occupancy rates and timely discharge planning.
- **Compensation:** Salary increases, along with employee benefits, account for a significant proportion of increased expenditures for AHS. The collective agreement for AUPE Auxiliary Nursing is currently under negotiation. Negotiations are monitored by Finance to ensure the most current information is available for budget planning.
- **Physician fees:** The agreement between the Government and the Alberta Medical Association has not been finalized. Ongoing negotiations will be monitored by Finance to ensure current information informs budget planning and management.
- **Human Resource (FTE) Requirements:** New facilities, new investments and strategic priorities will require considerable growth in FTEs at the same time as the workforce is aging. The ability to recruit the necessary staff to carry out planned initiatives will be a risk in 2012/2013 and in future years. Workforce planning and workforce transformation initiatives are underway to help mitigate this risk. Recruitment strategies in conjunction with educational institutions are also in progress.
- **Service Variation:** there is currently variation across the Province in utilization of health care services. This service variation reflects differences in availability of services in addition to variation in need for health care services. Work by the strategic clinical networks will begin to address variation in service utilization and work is underway to review health needs for service planning and utilization.
- The 2012/2013 operating budget is predicated on the achievement of savings. Ongoing monitoring and reporting will be provided during the year to AHS Executive.
- **Expenses** may be higher than budgeted due to increases in inflation or increases in health service utilization. Contingency funding is provided for one-time unforeseen events and costs for ongoing initiatives are considered in context of the three-year outlook. In addition, activity levels are monitored and reviewed to continually improve efficiency of the business units.
- **Revenue** may be lower than expected in other revenue sources such as fees and charges or investment income. Regular monitoring is provided to AHS Executive to ensure the most current estimates are available for budget management.

AHS has extensive operations that are complex and challenging. Focusing on priorities and effectively managing these priorities will continue to be important in the remaining years of the five-year funding commitment. Increases to operating budgets cannot be supported at historical rates and therefore alignment between activities, performance and funding must be maintained. Ongoing communication with operational managers and continued monitoring of financial performance will be crucial to ensure sustainable operations.

Internally Funded Capital Assets: Equipment and Information Technology

In 2012/2013, AHS will invest $204 million in internally funded capital assets. This will include $123 million for priority information technology projects and $81 million for priority information technology and capital equipment (including $18 million for South Health Campus information technology requirements).

Impact on the 2012/13 Budget for the Change in Accounting Framework to Public Sector Accounting Standards (PSAS)

Up to and including March 31, 2012 AHS has been reporting quarterly (unaudited) and annual (audited) financial statements using Canadian Generally Accepted Accounting Principles appropriate for not-for-profit organizations (NPOs). Canada's accounting standards are in transition and the current framework is being replaced. Under this new framework AHS meets the criteria of a government NPO.

Government NPOs will be required to use Public Sector Accounting Standards (PSAS) as the basis of their reporting. These changes will be effective April 1, 2012 for AHS. As a result there will be significant changes to the AHS 2012/2013 year end and quarterly financial statements, including changes to both presentation and values presented in this budget.

The impacts of this conversion to PSAS on the AHS 2012/2013 budget are summarized in Schedule 7 and are a result of AHS's preliminary assessment of the required changes under PSAS. The changes noted will impact all of the primary financial statements (Statement of Financial Position, Statement of Operations, Statement of Changes in Net Assets and Statement of Cash flows), however the analysis in this document has been limited to impacts on the Operating Surplus and Accumulated Surplus. The budget will be refitted to conform to the new primary financial statements when finalized during 2012/2013.

Note that the impact on the budget is based on initial interpretations of PSAS and on estimates both of which have the potential to change as new information is received. This could include suggestions from the Office of the Auditor General (OAG) and/or changes to PSAS proposed by the Public Sector Accounting Board.

The five-year funding commitment with the Government did not take into consideration this change in accounting framework. The impact estimated at this time creates a projected accumulated deficit at March 31, 2015 (Schedule 2). This possibility has been discussed with AH and will be monitored as the impacts of the change in accounting framework are finalized and as future financial results are realized.

Schedule 1: Five Year Outlook by Category

2012/13 Preliminary Financial Plan
For the year ended March 31, 2013

	2010/11 Budget[1]	2011/12 Adjusted Budget[2]	2011/12 Actuals[3]	2012/13 Budget	2013/14 Outlook	2014/15 Outlook
REVENUE						
Alberta Health and Wellness operating	$ 9,037	$ 9,634	$ 9,634	$ 10,212	$ 10,672	$ 11,152
Alberta Health and Wellness one-time	527	-		-	-	-
Alberta Health and Wellness restricted	736	818	834	1,164	1,362	1,380
Other goverment contributions	98	113	140	119	123	127
Fees and charges	612	452	416	439	462	486
Ancillary operations	112	117	124	127	135	139
Donations	30	30	40	27	28	29
Investment and other income	289	237	245	222	213	211
Amortized external capital contributions	370	370	342	374	374	374
TOTAL REVENUE	**$ 11,811**	**$ 11,771**	**$ 11,775**	**$ 12,684**	**$ 13,369**	**$ 13,898**
EXPENSES BY OPERATIONS						
Inpatient acute nursing services	$ 2,665	$ 2,729	$ $2,815	$ 2,918	$ 3,070	$ 3,174
Emergency and outpatient services	1,266	1,273	1,280	1,356	1,419	1,462
Facility-based continuing care services	853	914	892	971	1,043	1,117
Ambulance services	364	369	383	415	438	453
Community-based care	768	983	918	1,054	1,116	1,179
Home care	404	437	429	496	513	532
Diagnostic and therapeutic services	1,909	2,011	1,930	2,143	2,258	2,337
Promotion, prevention and protection services	296	345	311	368	385	398
Research and education	215	206	201	234	241	246
Administration	375	388	360	397	415	434
Information technology	385	429	434	480	504	520
Support services	1,479	1,488	1,538	1,593	1,708	1,787
Amortization of facilities and improvements	202	219	206	259	259	259
TOTAL EXPENSES	**$ 11,181**	**$ 11,791**	**$ 11,697**	**$ 12,684**	**$ 13,369**	**$ 13,898**
Operating surplus (deficiency) of revenue over expenses	**$ 630**	**$ (20)**	**$ $78**	**$ -**	**$ -**	**$ -**
Opening accumulated surplus (deficit)	(527)	116	99	78	30	14
Internally funded capital assets	(200)	(200)	(216)	(204)	(161)	(157)
Payment of long-term debt	(10)	(19)	(12)	(12)	(13)	(12)
Amortization of internally funded capital assets	107	125	132	147	147	147
Other internally restricted net assets	-	34	(3)	20	11	8
Accumulated Surplus (Deficit)	**$ -**	**$ 36**	**$ $78**	**$ 29**	**$ 14**	**$ -**
IMPACT OF PUBLIC SECTOR ACCOUNTING STANDARDS (PSAS)4						
Operating surplus above	$	$		-	$ -	$
Adjustments to operating surplus for PSAS[4]	-	-		(8)	-	-
Adj operating surplus under PSAS	**$**	**$**		**$ (8)**	**$ -**	**$**
Accumulated surplus above				$ 29	$ 14	$ -
Adjustments to accumulated surplus for PSAS				(94)	(94)	(94)
Adj accumulated surplus under PSAS	**$**	**$**		**$ (65)**	**$ (80)**	**$ (94)**

(1) As per 2010/11 Audited Financial Statements

(2) As per the draft unaudited financial statements submitted to Alberta Health and Wellness on April 25, 2012

(3) As per the April 25, 2012 Financial Statements (Unaudited)

(4) See Schedule "Impact on the 2012/13 Budget for the Change in Accounting Framework to PSAS" for explanation of changes

Schedule 2: Consolidated Statement of Operations

2012/13 Preliminary Financial Plan
For the year ended March 31, 2013

	2010/11 Budget[1]	2011/12 Reported Budget[2]	2012/13 Budget	Net Change from 2011/12 Reported Budget	
				Variance Increase/ (Decrease)	% Net Change
REVENUE					
Alberta Health and Wellness operating	$ 9,037	$ 9634	$ 10,212	$ 578	6.0 %
Alberta Health and Wellness one-time	527	-	-	-	- %
Alberta Health and Wellness restricted	736	818	1,164	346	42.3 %
Other goverment contributions	98	113	119	6	5.3 %
Fees and charges	612	452	439	(13)	(2.9 %)
Ancillary operations	112	117	127	10	8.5 %
Donations	30	30	27	(3)	(10.0 %)
Investment and other income	289	237	222	(15)	(6.3 %)
Amortized external capital contributions	370	370	374	4	1.1 %
TOTAL REVENUE	**$ 11,811**	**$ 11,771**	**$ 12,684**	**$ 913**	**7.8 %**
EXPENSES					
Inpatient acute nursing care services	$ 2,665	$ 2,729	$ 2,918	$ 189	6.9 %
Emergency and outpatient services	1,266	1,273	1,356	83	6.5 %
Facility-based continuing care services	853	914	971	57	6.2 %
Ambulance services	364	369	415	46	12.5 %
Community-based care	768	983	1,054	71	7.2 %
Home care	404	437	496	59	13.5 %
Diagnostic and therapeutic services	1,909	2,011	2,143	132	6.6 %
Promotion, prevention and protective services	296	345	368	23	6.7 %
Research and education	215	206	234	28	13.6 %
Administration	375	388	397	9	2.3 %
Information technology	385	429	480	51	11.9 %
Support services	1,479	1,488	1,593	105	7.1 %
Amortization of facilities and improvements	202	219	259	40	18.3 %
TOTAL EXPENSES	**$ 11,181**	**$ 11,791**	**$ 12,684**	**$ 893**	**7.6 %**
Operating surplus (deficiency) of revenue over expenses	**$ 630**	**$ (20)**	**$ -**	**$ 20**	**(100.0 %)**
Opening accumulated surplus (deficit)	$ (527)	$ 116	$ 78	$ (38)	(32.8 %)
Internally funded capital assets	(200)	(200)	(204)	(4)	2.0 %
Payment of long-term debt	(10)	(19)	(12)	7	(36.8 %)
Amortization of internally funded capital assets	107	125	147	22	17.6 %
Other internally restricted net assets	-	34	20	(14)	(41.2 %)
Accumulated surplus (deficit)	**$ -**	**$ 36**	**$ 29**	**$ (7)**	**(19.4 %)**
IMPACT OF PUBLIC SECTOR ACCOUNTING STANDARDS (PSAS)[3]					
Operating surplus above			$ -	$ -	0.0%
Adjustments to operating surplus (deficiency) for PSAS			(8)	(8)	100.0%
Adj operating surplus under PSAS			**$ (8)**	**$ (8)**	**100.0 %**
Accumulated surplus above			**$ 29**	**$ 29**	**100 %**
Adjustments to accumulated surplus (deficiency) for PSAS			(94)	(94)	100.0 %
Adj accumulated surplus under PSAS			**$ (65)**	**$ (65)**	**100.0 %**

(1) As per 2010/11 Audited Financial Statements

(2) As per the draft unaduited financial statements submitted to Alberta health and Wellness on April 25, 2012

(3) See Schedule "Impact on the 2012/13 Budget for the Change in Accounting Framework to PSAS" for explanation of changes

Schedule 3: Consolidated Schedule of Expenses by Obect

2012/13 Preliminary Financial Plan
For the year ended March 31, 2013

	2010/11 Budget[1]	2011/12 Reported Budget[2]	2012/13 Budget	Net Change from 2011/12 Reported Budget	
				Variance Increase/ (Decrease)	% Net Change
EXPENSES					
Salaries and benefits	$ 5,803	$ 6,318	$ 6,838	$ 520	8.2 %
Contracts with health service providers	1,950	2,108	2,265	157	7.4 %
Surgical services contracts	21	19	21	2	10.5 %
Drugs and gases	384	362	386	24	6.6 %
Medical and surgical supplies	314	334	354	20	6.0 %
Other contracted services	1,165	1,064	1,148	84	7.9 %
Other expenses	1,065	1,093	1,151	58	5.3 %
Amortization*	479	493	521	28	5.7%
TOTAL EXPENSES	$ 11,181	$ 11,791	$ 12,684	$ 893	7.6 %

***Amortization Expense:**					
Internally funded equipment	33	48	52	4	8.3%
Internally funded information systems	49	49	67	18	36.7%
Internally funded facilities and improvements	26	25	28	3	12.0%
Externally funded equipment	135	125	106	(19)	(15.2%)
Externally funded information systems	50	45	37	(8)	(17.8%)
Externally funded facilities and improvements	185	201	231	30	14.9%
Loss on disposal of capital assets	1	-	-	-	-%
	$ 479	$ 493	$ 521	$ 28	5.7 %

(1) As per 2010/11 Audited Financial Statements

(2) As per the draft unaudited financail statements submitted to Alberta Health and Wellness as of April 25, 2012

Schedule 4: Consolidated Statement of Financial Position

2012/13 Preliminary Financial Plan
For the year ended March 31, 2013

	2011/12 Actuals[1]	2012/13 Budget	Variance from 2011/12 Actuals	
			Variance Increase/ (Decrease)	% Net Change
ASSETS				
Current:				
Cash and cash equivalents	$ 1,789	$ 1,512	$ (277)	(15.5 %)
Accounts receivable	238	238	-	- %
Contributions receivable from Alberta Health and Wellness	78	78	-	- %
Inventories	97	105	8	8.2 %
Prepaid expenses	59	59	-	- %
	2,261	1,992	(269)	(11.9 %)
Non-current cash and investments	383	429	46	12.0 %
Capital contributions receivable from Alberta Health and Wellness	2	-	(2)	(100.0 %)
Capital assets	7,215	7,525	310	4.3 %
Other assets	95	84	(11)	(11.6 %)
TOTAL ASSETS	**$ 9,956**	**$ 10,030**	**$ 74**	**0.7 %**
LIABILITIES and NET ASSETS				
Current:				
Accounts payable and accrued liabilities	$ 1,195	$ 1,257	$ 62	5.2%
Accrued vacation pay	428	475	47	11.0 %
Deferred contributions	465	391	(74)	(15.9 %)
Current portion of long-term debt	39	18	(21)	(53.8 %)
	2,127	2,141	14	0.7 %
Deferred contributions	10	5	(5)	(50.0 %)
Deferred capital contributions	326	133	(193)	(59.2 %)
Long-term debt	331	346	15	4.5 %
Unamortized external capital contributions	5,978	6,223	245	4.1 %
Other liabilities	148	148	-	- %
	8,920	8,996	62	0.7 %
Net assets:				
Accumulated surplus	78	29	(49)	62.8 %
Accumulated net unrealized gains (losses) on investments	5	3	(2)	(40.0 %)
Other internally restricted net assets	70	50	(20)	(28.6 %)
Internally restricted net assets invested in capital assets	873	942	69	7.9%
Endowments	10	10	(0)	(1.5 %)
	1,036	1,034	(2)	(0.2 %)
TOTAL LIABILITIES AND NET ASSETS	**$ 9,956**	**$ 10,030**	**$ 74**	**0.7 %**

(1) As per the draft unaudited financial statements submitted to Alberta Health and Wellness on April 25, 2012

Schedule 5: Consolidated Statement of Changes in Net Assets

2012/13 Preliminary Financial Plan
For the year ended March 31, 2013

	Accumulated Surplus (deficit)	Accumulated net unrealized gains (losses) on investments	Other internally restricted net assets	Internally restricted net assets invested in capital assets	Endowments	TOTAL
FORECASTED BALANCE AT MARCH 31, 2012[1]	$ 78	$ 5	$ 70	$ 873	$ 10	$ 1,036
Operating surplus of revenue over expenses	-	-	-	-	-	-
Capital assets purchased with internal funds	(204)	-	-	204	-	-
Amortization of internally funded capital assets	147	-	-	(147)	-	-
Repayment of long-term debt used to fund capital assets	(12)	-	-	12	-	-
		-	-	-	-	-
Transfer of other internally restricted net assets	20	-	(20)	-	-	-
Net unrealized gains/(losses) arising during the period on investments	-	(6)	-	-	-	(6)
Transfer of net realized losses/(gains) on investments to revenue	-	4	-	-	-	4
BUDGETED BALANCE AT MARCH 31, 2013	$ 29	$ 3	$ 50	$ 942	$ 10	$ 1,034

(1) As per the draft unaudited financial statements submitted to Alberta Health and Wellness on April 25,2012

Schedule 6: Consolidated Statement of Cash Flows

2012/13 Preliminary Financial Plan
For the year ended March 31, 2013

	2011/12 Actuals[1]	2012/13 Budget
OPERATING ACTIVITIES:		
Operating surplus (deficiency) of revenue over expenses	$ 78	$ -
Non-cash transactions:		
Amortization expense	475	521
Amortized external capital contributions	(343)	(374)
Other	74	(8)
Net change in non-cash working capital	39	14
Cash generated from (used by) operations	**323**	**153**
INVESTING ACTIVITIES:		
Purchase of capital assets:		
internally funded - equipment	(136)	(81)
internally funded - information systems	(88)	(123)
internally funded - facility and improvements	(4)	-
externally funded - equipment	(70)	(182)
externally funded - information systems	(50)	(65)
externally funded - facility and improvements	(88)	(97)
debt funded	(32)	(8)
Purchase of investments	(5,100)	(4,310)
Proceeds on sale of investments	5,298	4,535
Allocations from non-current cash	5	(269)
Net change in non-cash working capital	129	120
Cash generated from (used by) investing activities	**(394)**	**(480)**
FINANCING ACTIVITIES:		
Capital contributions received	105	163
Capital contributions returned	-	(107)
	194	32
Proceeds from long-term debt	(160)	(38)
Cash generated by financing activities	**139**	**50**
Net increase (decrease) in current cash and cash equivalents	68	(277)
Current cash and cash equivalents, beginning of year	1,721	1,789
Current cash and cash equivalents, end of year	**$ 1,789**	**$ 1,512**
Additional information:		
Non-cash working capital balance at end of period	$ (1,616)	$ (1,643)
Current cash and cash equivalents are comprised of:		
Restricted	739	525
Unrestricted	1,050	987
Total	**$ 1,789**	**$ 1,512**

(1) As per the draft unaudited financial statements submitted to Alberta Health and Wellness on April 25, 2012

Schedule 7: Estimated Impact of PSAS Conversion To 2012/2013 Budget

2012/13 Preliminary Financial Plan
For the year ended March 31, 2013

	PSAS Impact on Operating Surplus Year Ended March 31, 2013	PSAS Impact on Accumulated Surplus Year Ended March 31, 2013	Notes
As reported under current accounting framework	$ -	$ 29	
PROPOSED PSAS ADJUSTMENTS **First time accrual of accumulating sick pay benefits**			
First time accrual of accumulating sick pay benefits	(5)	(91)	Under PSAS AHS is now required to record accumulating but not vesting sick pay benefits as a liability. An actuarial valuation has estimated the projected liability at March 31 2012 to be $86 and the incremental expense during 2012/2013 to be $5 resulting in a $91 decrease in accumulated surplus at March 31, 2013.
On adoption, the opening balance of unrealized gains and losses on investments charged to accumulated surplus (previously shown as a separate component of net assets.)	-	5	PSAB is still reviewing whether this item should be included in accumulated surplus or presented separately. The treatment in this working paper assumes the former. Estimate is based on March 31, 2012 unaudited financial statements as of April 25, 2012.
In the year of adoption, unrecognized net actuarial losses for the Supplemental Executive Retirement Plans (SERP) charged to accumulated surplus	-	(3)	This esimate is based on the net actuarial losses for SERP as of March 31, 2012.
First time consolidation of Alberta Cancer Foundation and Calgary Health Trust	(2)	(4)	PSAS requires that controlled entities be consolidated by AHS. ACF and CHT as the largest controlled foundations will now be consolidated by AHS. Estimate is based on March 31, 2012 preliminary financial statements. Endowments and restricted contributions will not impact operating or accumulated surplus.
Change to classification of operating leases to capital leases based on additional criteria under PSAS	(3)	(3)	Impact on operating surplus and accumulated surplus is estimated to be between $1 and $5 as lease payments expensed will be replaced by amortization cost of related assets as well as interest expense implied in the lease arrangements.
Change of investments currently classified as held for trading to available for sale, resulting in the unrealized gains and losses no longer being recorded in operating surplus until realized.	2	2	The applicable standard will be applied prospectively and will have no impact on accumulated surplus. Estimate is based on the unrealized gain as of March 31, 2012.
Subtotal PSAS adjustments	**$ (8)**	**$ (94)**	
Total with PSAS adjustments	**$ (8)**	**$ (65)**	

Appendix IV

SUMMARY – ZONE INTEGRATED PLANS

A Zone Integrated Health Service Operations Plan, or ZIP, is a zone specific, three year plan that provides a clear line of sight between where health services are today and how they need to change in order to meet the current and future demand. The ZIP:

- Includes a description of all major priority service change initiatives currently underway as well as those that need to be implemented;
- Outlines solutions from across all parts of the health system and the continuum of care including prevention and promotion activities, chronic disease management, acute care, rehabilitation and community supports;
- Blends planning for local needs with the implementation of provincial strategies and standards, which are based on best evidence and are designed to improve consistency of care across the province; and,
- Considers the impact of enabling plans and provincial strategies on initiatives underway in the zone, which will help enable the effective implementation of clinical change initiatives.

In this first year of the ZIP, the primary focus is on provincial priority measures, specifically surgical, emergency, continuing care and radiation wait times, as well as other issues of major importance to the zone. In future years the ZIP planning process will become broader, taking a more population health perspective to establish health needs.

Each zone began the ZIP planning process in April of 2011. A health needs assessment was conducted, priorities established and in most cases working groups formed to identify potential solutions. Solutions were filtered and prioritized to determine those with the most impact and those that would be most feasible to implement.

Each zone (five geographic zones and Cancer Care) has prepared a separate report. Information from the three year operations plans will help inform future corporate strategy.

The following is a brief overview that looks at the priorities and potential solutions from a provincial perspective focused on areas of alignment and commonality.

Common themes are as follows:

Surgical Wait Times

Overall, increased capacity and volumes, process improvements for efficiencies, waitlist management and central intake were common themes to most zones. All zones indicate an expansion of cataract surgery resources and all zones, except Central, are planning an expansion in hip and knee surgery. The two urban zones and the South Zone have targeted resource expansion in Cardiac surgeries. ZIP's for both Calgary and Edmonton are targeting Ventricular Assist Device program expansion and process improvements. Calgary, Edmonton and the North are targeting process improvement for surgery.

Calgary and Edmonton are jointly submitting a cardiovascular services operations plan that will identify priorities and solution. These are submitted through a separate process and may overlap with the initiatives contained in the respective ZIP plans.

Emergency Department Wait Times

Overall, patient flow and process initiatives, Emergency Department to Home (ED2Home), expansion of community services, early supported discharge and overcapacity protocols, as well as data and IT supports were common themes to most zones. Most zones indicate emergency department service model improvements.

The two urban zones have proposed technology, data, process and service model improvements. Central, Calgary, Edmonton and North Zones indicated new resource capacity. The South Zone has a more community focus with home/community based prevention and services proposed.

Continuing Care Wait Times

Overall, enhanced supported living options, hospice, home care and adult day support programs were frequently mentioned as helping to reduce continuing care wait times. The northern half of the province has identified a requirement for more capacity for continuing care.

Addiction and Mental Health

Calgary, Central and Edmonton Zones placed emphasis on child/adolescent mental health initiatives. The North Zone identified access for vulnerable populations as an initiative, while Central Zone had a focus on integration of services and outreach for seniors. Edmonton and North identified initiatives targeting the creation of new capacity.

Radiation Wait Times – Cancer Care

Edmonton Zone identified initiatives which targeted process improvements which impact navigation and access to radiation treatment. Further, Edmonton Zone is planning improvement to service delivery and staffing models. Other initiatives which impact all zones are captured within the Cancer Integrated Plan initiatives.

Cancer Care

The Cancer Care Integrated Plan focuses on provincial initiatives related to process improvement, navigation, expansions in community services, workforce planning, as well as lung and breast cancer. Edmonton identifies increased surgical capacity for lung and colorectal cancer cases.

Other Zone Priorities

Other priorities identified by the zones include injury prevention, staff engagement, immunization, chronic disease management, aboriginal health, and supporting/establishing new primary care networks. Edmonton zone included all clinical and program areas in ZIP planning and have identified multiple priorities and initiatives in all program areas.

North Zone

Demographics

Alberta Health Services' North Zone encompasses a vast 448,500 km2, almost 68 percent of Alberta's land mass. The total population in this zone is 435,255 (2010). There are 367 communities located over 16 counties as well as eight Métis Settlements, 31 First Nations and 96 Reserves in the North Zone. There is significant diversity in the distribution of the population across the North, spanning from more highly populated areas to very remote populations. The north's remote population areas present unique access and service challenges. There are more than 9600 staff and 460 physicians (including those in 11 primary care networks) who provide care to residents throughout North Zone.

Health Needs

In comparison to the province, the North Zone has:

- The largest percentage of aboriginal residents in the province at 16 percent of the population.
- More babies with a high birth weight (4,000 grams or more).
- A teen birth rate that is twice as high.
- Higher death rates for the major causes of death (injury, circulatory disease, cancer, respiratory).
- Higher hospitalization and emergency department visit rates.
- More people classified as obese and who are heavy drinkers.

These are key concerns that pose unique challenges for North Zone planning.

North Zone faces a number of service delivery challenges including the ability to recruit and retain the health workforce necessary to provide consistent and quality health care to all of its residents. Access to family physicians, specialists and health services, locally, is a concern for many residents. Transportation barriers have been noted across the zone.

Performance Measures Focus

Across the province, initiatives developed to address the top 10 system performance measures relate to:

- Surgical wait times.
- Emergency department wait times.
- Continuing care wait times.
- Children and adolescent mental health wait times.

In addition, radiation therapy wait times are reflected in the Cancer Care Action Plan. Approved provincial initiatives for obesity and colorectal cancer screening are addressed in the zone plans.

Other Zone Priorities

The North Zone also identified priorities in the areas of access for aboriginal residents, and prevention of communicable diseases. To understand the service needs and gaps across the zone comprehensive service planning in the north is essential. Innovative health service solutions that enable the most effective and efficient use of the available workforce will help the zone move aggressively toward providing equitable access to services. Other high priority health areas for the staff, physicians and residents of the north include a focus on mental health and addictions services.

Edmonton Zone

Demographics

Alberta Health Services' Edmonton Zone encompasses 11,800 km2, approximately 1.8 per cent of Alberta's land mass. The total population in this zone is 1,156,928 (2010). The population of the Edmonton Zone makes up 31.3 per cent of the province's total population. Edmonton Zone is divided into 14 sub geographies in the City of Edmonton and the seven surrounding communities, including the cities of St. Albert, Spruce Grove, Fort Saskatchewan, Sherwood Park, and Leduc, along with the town of Stony Plain. There is significant diversity in the demographics and population health characteristics within the 14 subzones resulting in unique access and service challenges in the both the rural areas and highly populated urban areas. There are more than 18,235 people in the clinical workforce and 3,140 physicians (including those in nine primary care networks) who provide care and services in this zone.

Health Needs

In comparison to the province, the Edmonton Zone has:

- A high number of aboriginal residents living in the zone at approximately 57,845 or five per cent of the population.
- A higher percentage of babies being born early (preterm).
- A comparable percentage of smokers – a little less than one quarter of the population are smokers.
- A higher prevalence of lung cancer (male and female).
- A higher incidence of Sexually Transmitted Infection.

Edmonton Zone has unique challenges in planning for the health needs of its residents as well as for the many others who access services within the zone. Edmonton Zone provides many services for residents who live both within and outside the zone. Specialty programs such as cardiac surgery, cardiac devices, transplant services (all types), pediatrics (Stollery Children's Hospital), Neurosciences and other provincial programs housed in Edmonton Zone are accessed by many who reside elsewhere. Contracts with the territories and other provinces result in higher utilization of services in Edmonton Zone.

The zone faces a number of service delivery challenges including the ability to recruit and retain the health workforce necessary to provide consistent and quality health care. Access to primary health care, especially after hours, is a concern. Other health service issues include growing pressures in emergency departments, a need for greater supports in addictions and mental health and challenges in expanding community based home care support to seniors.

Performance Measures Focus

Across the province, initiatives to address the top 10 tier one measures relate to:

- Surgical wait times.
- Emergency department wait times.
- Continuing care wait times.
- Children and adolescent mental health wait times.

In addition, radiation therapy wait times are reflected in the Cancer Care Action Plan. Approved provincial initiatives for obesity and colorectal cancer screening are addressed in the zone plans.

Other Zone Priorities

The focus in the Edmonton Zone will continue on the priority performance measures related to access to ensure that performance continues to be maintained or, where necessary, improved.

Central Zone

Demographics

Alberta Health Services' Central Zone encompasses 95,000 km2 in the middle of the province and spans from the Rocky Mountains in the west to the Saskatchewan border to the east. The total population in this zone is 445,004 (2010). Central Zone has the second lowest population density in the province at 4.7 people per km^2. The primary city in the zone is Red Deer with a population of 92,970 (2010). One regional hospital, the Red Deer Regional Hospital acts as a central 'hub and spoke' system of health service provision in the zone. More than 11,000 staff and 590 physicians (including those in 12 primary care networks) work in the zone.

Health Needs

In comparison to the province, Central Zone has:

- Slightly more seniors (13.1 percent) than the rest of Alberta (10.9 percent).
- A notable component of the population with lower income and lower education.
- High rates of obesity, smoking (including maternal smoking), physical inactivity, high blood pressure and stress levels.
- A higher incidence of cancer.
- Higher than average emergency department visits and hospitalization rates.
- Higher than average rates of mortality for all causes: heart disease, including ischemic heart disease, cancer, suicide, unintentional injury, stroke, and chronic obstructive pulmonary disease.

Similar to other rural zones, Central Zone faces challenges with recruitment and retention of staff and physicians. Local access to family physicians, specialists and health services is also a concern across the zone.

Performance Measures Focus

Across the province, initiatives addressing the top 10 tier one measures relate to:

- Surgical wait times.
- Emergency department wait times.
- Continuing care wait times.
- Children and adolescent mental health wait times.

In addition, radiation therapy wait times are reflected in the Cancer Care Action Plan. The zone is working with Cancer Care on common areas of impact with the development of the new cancer centre in Red Deer. Approved provincial initiatives for obesity and colorectal cancer screening are addressed in the zone plans.

Other Zone Priorities

Central Zone has identified additional priorities in the areas of population/public health and chronic disease management. Cross zone planning priorities include: obstetrical and NICU, cardiac services, respiratory services; mental health dementia beds, gastroenterology services, medical device reprocessing, stroke program planning, integrated discharge planning, system navigation and workforce planning.

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1 This figure is the count for both employed and independent physicians who work primarily in the Central Zone. When the physician count includes all physicians also work part time in the Central Zone as well as in other Zones, the number increases to 640 physicians (September 2011).

Calgary Zone

Demographics

Calgary Zone encompasses 39,300 square kilometers of diverse terrain in southwest Alberta and is home to a population of 1,371,401. With approximately 1.1million residents living in the City of Calgary, it is the largest urban centre in the province. The Zone is divided into the City of Calgary with 15 sub-geographies and six primary rural sub-geographies. More than 50 rural communities are home to about 200,000 residents. These include four First Nation Reserves and 16 Hutterite Colonies.

Health Needs

In comparison to the province, Calgary Zone has:

- The lowest percentage of aboriginals residents (2.7 percent) and the highest number of homeless people (4,600) in the province (2006).
- More babies who have a low birth weight (less than 2,500 grams).
- More babies who are small for gestational age.
- The lowest teen birth rate in the province along with the lowest percentage of women who smoke during pregnancy,
- Lower death rates for the major causes of death (injury, circulatory disease, cancer, respiratory).
- More people who are classified as physically active and who eat the recommended five servings of fruit and vegetables per day.
- Higher prostate and breast cancer incidence rates than the Alberta average.
- The greatest number of hospitalizations (N=112,664) accounting for 31.2 per cent of total hospitalizations for the province.

Health status, demographic, and health service utilization profiles specific to the Calgary Zone indicate that, going forward, there is a need for focused planning around child and maternal health, health promotion/disease prevention, mental health and on strategies that reduce health disparities in urban and rural communities.

Performance Measures Focus

Across the province, initiatives addressing the top 10 tier one measures relate to:

- Surgical wait times.
- Emergency department wait times.
- Continuing care wait times.
- Children and adolescent mental health wait times.

In addition, radiation therapy wait times are reflected in the Cancer Care Action Plan. Approved provincial initiatives for obesity and colorectal cancer screening are addressed in the zone plans.

Other Zone Priorities

A major planning priority in Calgary Zone involves the opening of the new South Health Campus (SHC) in 2012. Performance improvements with respect to a number of the Alberta Health Services' priority performance measures in Calgary Zone will also depend on the successful commencement of SHC operations. Physician and hospital staff workforce planning and recruitment will be key priorities. Other key areas identified by the zone include: women's health, pediatric and adult chronic disease management, health promotion and disease prevention, adult mental health and health of homeless residents.

South Zone

Demographics

Alberta Health Services' South Zone encompasses 65,500 km2 including some of the province's best agricultural land. The total population in the zone is 281,934 (2010) which is about eight per cent of the province's total population. The primary cities in this zone include Lethbridge, with a population of 82,349, and Medicine Hat, with a population of 64,426 (2010). Two regional hospitals are located in the zone: Chinook Regional Hospital (Lethbridge) and Medicine Hat Regional Hospital. They act as regional referral centres for secondary and tertiary care.

Health Needs

In comparison to other zones, the South Zone has:

- The highest population of seniors 65+ years at 13.5 per cent of the population.
- The highest per cent of the population classified as overweight (39.0 per cent) than any other zone in the province, but the second lowest ranking of obese (18.2 per cent) in the province.
- Higher than average smoking rates (20.3 per cent) and higher maternal smoking rates than in the urban zones.
- Second highest rate of high birth weight babies (12.0 per cent) as compared to the other zones and the provincial average.
- Higher than average hospitalization rates.

Key health concerns for both health providers and community stakeholders in South Zone are the lifestyle and behavioural characteristics that contribute to the development of chronic disease and co-morbidities among its residents.

Performance Measures Focus

Across the province, initiatives addressing the top 10 tier one measures relate to:

- Surgical wait times.
- Emergency department wait times.
- Continuing care wait times.
- Children and adolescent mental health wait times.

In addition, radiation therapy wait times are reflected in the Cancer Care Action Plan. Approved provincial initiatives for obesity and colorectal cancer screening are addressed in the zone plans.

Other Zone Priorities

South Zone will continue to support initiatives which maintain its performance in the areas of emergency department and radiation wait times. Focused initiatives will continue in the areas of surgical and continuing care wait times to move performance towards targets. Causes and drivers in these areas, as well as related areas, namely: ambulatory care sensitive conditions, family practice sensitive conditions and identifying data integrity challenges related to arthroplasty wait lists will enable more informed and targeted interventions.

South Zone also identified priorities in the areas of patient flow, population/public health, engagement and emergency disaster management preparedness.

Cancer Care Integrated Plan (Provincial)

Alberta Health Services Cancer Care is responsible for cancer research and the delivery of cancer services across the province. It is responsible for the operation of 17 treatment facilities in Alberta; two tertiary centers, four associate cancer centers and 11 community cancer centers. Cancer Care provides services from diagnosis of cancer until cure or palliative care and contributes to prevention and screening for early diagnosis as part of the full cancer control continuum.

As the incidence of cancer continues to increase, provincial planning for cancer prevention and treatment is required more than ever in order to positively impact system and patient outcomes across Alberta.

- Cancer is by far the **leading cause of premature death of Albertans** and the incidence of cancer is increasing in Alberta; due in part to an aging population and population growth. It is estimated that the number of Albertans who will be diagnosed with cancer is by 2030 is approximately 24,000.
- The **direct financial cost of cancer** is significant and may have an impact on the sustainability of Alberta's health – care system.
    - Cancer care contributes to a significant portion of total direct health-care costs. It affects all aspects of the continuum of care, from primary and community care to specialty and tertiary care, from diagnosis to end of life care.
    - The crude incidence of cancer is increasing due to both population growth and our ageing population.
    - Progress in cancer treatment means that on average patients live longer. Therefore, the crude prevalence cancer (the number of patients alive with a diagnosis of cancer) is rising faster than the crude incidence (the number of patients newly diagnosed). As a result, the average number of treatment episodes, the average duration of treatment and in some cases the cost per treatment (more expensive drugs) is increasing.

The Cancer Care Integrated Service Plan

The Alberta Health Services Cancer Care Integrated Service Plan outlines organizational improvement solutions within the mandate of Alberta Health Services Cancer Care. It includes a description of areas that require major service enhancement or change. It also identifies new initiatives that have started, as well as, those that need to be implemented in the next few years.

Enabling activities that will lead to the effective implementation of cancer change initiatives include major capital and information technology strategies.

Priorities for 2012/2013 are to:

- Establish the Cancer Strategic Clinical Network and a Provincial Cancer Outcomes Unit.
- Implement a Provincial Cancer Patient Navigation Strategy.
- Implement a Provincial Breast Health Framework.
- Conduct an impact assessment and planning for initiatives that are already approved and funded.

Appendix V

KEY ENABLERS AND SYSTEM SUPPORTS

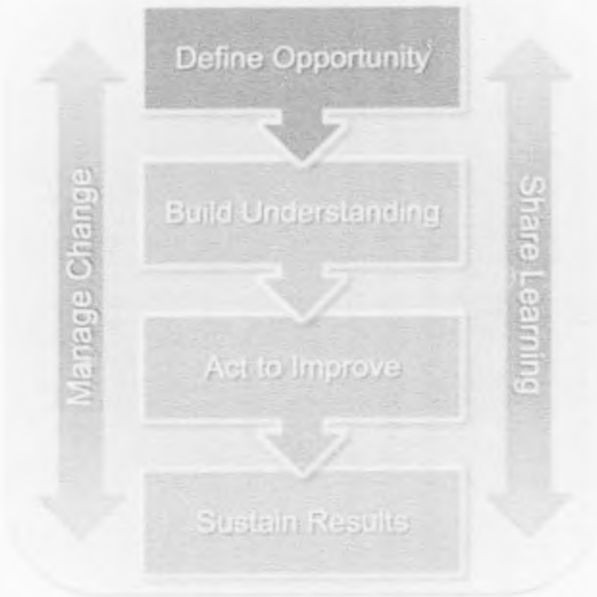
A wide variety of enablers must be in place to successfully implement change of this magnitude. These enablers include how we organize, how we work with one another and how we use all available resources and assets in the most effective way. The key enablers are identified as:

Quality Improvement
Research and Innovation
Strategic Clinical Networks
Workforce
Information Technology
Risk Management
Physical Infrastructure
Management System
Financial Plan
Engagement

Quality Improvement

Driving improvement in all areas of clinical services and support functions is essential to delivering on Alberta Health Services' strategic goals of quality, access and sustainability. Quality is reviewed and enhanced through a variety of mechanisms including but not limited to strategic clinical networks, accreditation of services and the availability of a single provincewide improvement approach - the Alberta Health Services Improvement Way.

The Alberta Health Services Improvement Way (AIW) is an enterprise-wide approach that has been developed and launched in 2010. It features four core "steps" and is supported by two parallel activities that ensure the success of change efforts and the growth of Alberta Health Services as a learning organization.



Implementing the Alberta Health Services Improvement Way plan includes four primary strategies:

- *Governance:* Developing the leadership skills, practices and tools to help our transition to a common method.
- *Communication and culture:* Spreading the word about the "what and why" of the Alberta Health Services Improvement Way, and identifying creative but powerful ways to integrate the method into how we think and work.
- *Capability/Capacity:* Building effective, consistent and Alberta Health Services–focused training and support for using the Alberta Health Services Improvement Way.
- **Application:** Supporting Alberta Health Services to identify appropriate opportunities and then using the Alberta Health Services Improvement Way to effect valuable, sustainable improvement.

Research and Innovation

Alberta Health Services needs to embrace innovative solutions to meet current and anticipated future challenges. We also need to support research to improve health and health care. Alberta Health Services will support research, will use research-based evidence, best practice and models to provide a roadmap to high productivity and improved outcomes. The Alberta Health Innovation and Research Strategy highlights the importance of translating research into action and being forward-looking in meeting existing and emerging population-based health challenges in Alberta. This is a shared objective for Alberta Health Services, universities, Alberta Health, and Alberta Advanced Education and Technology. In addition, the development and implementation of a framework for making knowledge work in the organization will further support the transfer and uptake of knowledge in support of service innovation and improvement.

Alberta Health Services also employs population-based and health service utilization information in planning and delivering appropriate services. Ensuring data quality is essential to monitoring, tracking and improving health system performance.

Strategic Clinical Networks

Strategic clinical networks are collaborative clinical strategy groups that will bring together the perspectives all stakeholders, from clinicians and policy makers to individuals and families. The strategic clinical networks, led by a team with both clinical and administrative expertise, will develop clinical strategies to achieve evidence based improvement in outcomes across the continuum of care, and to improve access to health care and sustainability of our health-care system.

The focus areas for the strategic clinical networks are to:

- Improve population health.
- Ensure continuous quality improvement.
- Foster research that positively impacts individuals and families.
- Improve patient outcomes.
- Design more accessible health care.
- Develop appropriate clinical practices.
- Make patient safety a priority.
- Ensure value for money.

The first six strategic clinical networks to be operational in 2012/2013 are:

- Obesity, Diabetes and Nutrition
- Seniors' Health
- Bone and Joint Health
- Cardiovascular Health and Stroke
- Cancer Care
- Addiction and Mental Health

The following strategic clinical networks will be formed by March 31, 2013:

- Population Health and Health Promotion
- Primary Care and Chronic Disease Management
- Maternal Health
- Newborn, Child and Youth Health
- Neurological Disease, ENT and Vision
- Complex Medicine (Respiratory to be included)

Operational clinical networks (OCN) will address the broad areas of emergency medicine, critical care and surgery. Leadership teams (clinical and administrative) will also guide the work of the operational clinical networks. It is anticipated the role of the OCNs will evolve over time.

Workforce

Alberta Health Services recognizes that employees are its greatest asset in becoming the best-performing health system in Canada. Creating an effective and efficient workforce is a top priority. The commitment of Alberta Health Services in supporting staff to achieve excellence in everything they do is reflected by establishing innovative leadership and professional development programs and acknowledging the extraordinary contributions of Alberta Health Services employees. Alberta Health Services will ensure its employees have the information and tools they need to consistently deliver outstanding care. In addition, the organization has initiated an engagement process that involves key stakeholders in generating strategies for maintaining a proficient and sustainable health workforce into the future.

Information Technology / Infrastructure

Information technology (IT) is essential to integrating Alberta Health Services' strategic directions and health plan and to achieving organizational goals.

IT continues to support access and improve quality and sustainable care through implementation of the electronic health record, the electronic medical record, electronic documentation and device integration. These initiatives will reduce nursing time spent on charting and allow time for other care activities. E-charting will reduce medical record costs by decreasing the staff and storage needs related to paper records. Computerized Physician Order Entry with Clinical Decision Support will reduce patients' length of stay and decrease adverse drug events, by standardizing care to best practices, optimizing order sets and providing context-specific alerts/reminders.

To support sustainability, optimized **business processes and automated workflows** will be enabled that incorporate ongoing process analysis and improve measurable outcomes.

Access and connectivity include network access to information, tools (devices and applications), and services (internal and external) – including both physical and wireless services and system access – and service delivery. This provides a secure information network with access to the right information and technologies, at the right place, at the right time, for quality and timely services ranging from public health to ambulatory and acute care, to physician and clinical services. The Myhealth.alberta.ca personal health portal and Netcare are examples of network-enabled services to the public, individuals, and health-care providers that facilitate patients as partners in health.

Assuring **security and privacy** of information for all parties who provide and receive health services is required to sustain the health system and provide quality care.

Education and learning services and help desk services **support our workforce** and the sustainability of and access to the delivery of health services across the system. Collaboration in the provision of corporate shared services will further reduce costs and improve efficiencies as Alberta Health Services implements the Corporate Service Delivery Model.

A wide variety of information technologies and infrastructure will be required to enable transformational change. Significant investment is currently underway to provide a foundation for delivering care into the future. The newly developed Health Technology Assessment and Innovation Branch will also identify and stimulate the adoption of health-care technologies and innovations to improve access, quality and sustainability.

Risk Management

Alberta Health Services recognizes risk management as an integral part of good governance and management practice. It is an interactive process which, when undertaken enables continual improvement in decision making. The Alberta Health Services board is committed to promoting strategic practices within the organization to identify and manage risk. These risk management practices will enable Alberta Health Services to maximize opportunities for achieving its strategic objectives. Through the adoption and integration of a continuous, proactive and systematic Enterprise Risk Management (ERM) Framework, Alberta Health Services is positioned to deliver its objectives in a confident, efficient and effective manner. The ERM Framework establishes specific roles, responsibilities and governance structures and includes processes to ensure risk identification, analysis, evaluation and prioritization, and treatment through key mitigation strategies.

The President and Chief Executive Officer has overall responsibility for the implementation a strategic, comprehensive and systematic ERM process throughout the organization and in particular to ensure that there is a process to identify and mitigate risks as part of the annual planning cycle. The ERM process also involves active participation and reporting to the Executive Committee, identified Risk Leaders, and the Enterprise Risk Management Council. The Alberta Health Services board, primarily through the Audit and Finance Committee, oversees the organization's risk management practices.

Alberta Health Services has identified and developed a dashboard of the organizational risks that may impact the strategic objectives of the organization. Quarterly reporting – to the executive and the board - has been established and will continue to review and monitor the residual and target risk levels, and the key mitigation strategies that have been identified, and are in the process of implementation by management. Some of the key organizational risks are:

Risk	Description
Workforce Engagement	The 2010 AHS Workforce Engagement survey results indicated low engagement scores for a large percentage of employees and physicians. Workforce encompasses all direct AHS employees, physicians and volunteers.

Management Strategies:

- Workforce engagement plan and strategy continues with semi-annual CEO reports on engagement activities.
- Implement leadership training initiatives and expand learning and development for managers.
- Facilitate two-way communication via employee forums for questions/feedback.
- Encourage autonomy - cascading budget and decision making within organization.
- Realize AHS vision to be the best-performing publicly funded health system in Canada.
- Promote a culture of appreciation of AHS employee.

Risk	Description
Safe and Healthy Work Environment	Providing a safe and healthy work environment includes not only preventing injuries but also addressing other dimensions of the work environment that contribute to injury, illness and reduced well-being.

Management Strategies:

- Establish and execute the five year AHS Strategy for Workplace Health and Safety (reviewed and modified annually).
- Implement the Safe Client Handling Program over 5 years.
- Implement and establish compliance with the CSA Z1000 Workplace Health and Safety Management System (WHS MS).

Risk	Description
Budget	AHS must ensure that the allocation and management of resources is directed to areas of highest benefit to support organizational priorities and long term sustainability of the organization.

Management Strategies:

- Implementation of a five-year forecasting model and monitoring processes to track execution of savings initiatives.
- Continued implementation of Activity Based Funding in the Long-Term Care and Supportive Living sectors with a medium term plan to move into the Acute Care sector.
- Implementation of best practice and benchmarking information from strategic clinical networks for budgeting and resource allocation decisions.
- Ensure alignment of budget and planning processes and focus on AHS Strategic / Key initiatives.
- Initiation of new integrated systems and processes for budget and management reporting.

Risk	Description
Priority Initiatives	To be successful in meeting its goals, AHS must adequately execute on its priority initiatives with due regard to adequate capacity and/or resources to manage the initiatives. Demands for new initiatives to solve current challenges can challenge the organization's capability to effectively manage these various competing priorities.

Management Strategies:

- AHS reorganization and realignment into zones and dyad (joint clinical and administrative leadership) reporting model
- Executive sub-committee for priority reporting is being established with key priorities identified and monitored.
- Zone integrated plans have been developed to set priorities and provide a cohesive geographical response to existing and emerging health and health system needs.
- Implementation of AHS Improvement Way and Project Governance Office to ensure consistency in making changes to processes in work areas.
- As part of the 2012/2013 budgeting processes priority initiatives will be identified and resources allocated.

Risk	Description
Adverse Events	Quality of care provided and the safety of its patients is critical to the organization. AHS needs to have processes in place to prevent, identify and respond to adverse events.

Management Strategies:

- Establish a patient safety reporting and learning system to provide a mechanism for proactive (hazards/close calls) and reactive (adverse events) risk assessment.
- Patient wafety trend identification process reports to operations, executive and the board.
- Targeted patient safety resources and planning underway to enhance collaboration with operations for understanding, prioritizing and addressing high risk patient populations (e.g. falls prevention).
- Ongoing Accreditation Canada process self-assessment, action planning and follow-up on priority recommendations.
- Key AHS-wide patient safety policies, procedures, guidelines, training, education and dissemination strategies launched.

Risk	Description
Information for Decision Making	Quality information is required for strategic and operational decisions around AHS objectives and must be available on a timely and consistent basis to support effective analysis and strategic decision making.

Management Strategies:

- Reorganization of the Strategy and Performance Portfolio to create business intelligence units to support zones and strategic clinical networks.
- Implementation of a monthly Financial Summary report to Executive Committee including current year statement of revenues/expenditures and variance analysis, forecast , budget monitoring, capital budget commitments, allocations for priority initiatives, and cash flow and expiring grants.
- Improve availability and quality of data by developing consistent data standards and definitions and implementing an AHS data repository.
- Improve robustness of available data – Data Quality and Operational Readiness Framework.
- Implementation of the Critical Care Clinical Information System (CCCIS).

Risk	Description
Sustainable Workforce	Current & future workforce assumptions and expected needs must be regularly assessed to ensure that an appropriate workforce is available to meet organizational goals and priorities.

Management Strategies:

- Clinical Workforce Strategic Plan 2011-2016 represents a multi-year and multi-faceted approach towards optimal utilization of the clinical workforce.
- Improve staff scheduling through a proof of concept initiative for remote scheduling (scheduling from home or elsewhere, rotation management and analytics).
- Increase proportion of full-time to part-time clinical staff across AHS.
- Hire 70 percent of Alberta RN graduates into permanent or temporary positions.
- Physician Workforce Plan Zone based interim workforce plans will be created for 2012/13.
- AHS Recruitment Strategies developed to support the clinical and physician workforce strategic plans as well as corporate and support workforce needs.

Physical Infrastructure

Alberta Health Services owns or leases over three million m2 of building space across the province, from large acute care hospitals and continuing care centres to office buildings and storefront community health centres. Managing and maintaining this property portfolio is a substantial task. Properly designed and well-maintained health facilities are an essential enabler to the 2012–2015 Health Plan. In particular, it is important that new facilities be planned and constructed to provide appropriate, additional service capacity where and when needed. Since large capital projects can take five to seven years from conception to completion, the longer-term view and direction provided by the health plan helps ensure that new facilities support the amount and type of service our growing and changing population requires. Development of the capital plan and submission is based on five key objectives:

1. Support and enable the Alberta Health Services Health Plan, strategic directions and service delivery plans.
2. Ensure functional, safe, comfortable physical environments for individuals, families, staff and physicians.
3. Advance Alberta Health Services as a corporate leader in environmentally friendly, energy-efficient and sustainable building design.
4. Make best use of available land and building resources.
5. Accommodate new technologies and re-engineered business processes.

The responsibility for planning and implementing large existing and new capital projects has been transitioned to Alberta Infrastructure. Alberta Health Services is confident the above principles and the long-range health plan will continue to guide our joint capital planning efforts.

Management System Infrastructure

Timely and accurate information regarding Alberta Health Services programs is important to monitor and improve services. Quality data and the statistical and contextual analysis of this data are important to informed decision making within the organization. Updates to existing data models and the development of new models help the organization anticipate and respond to the health needs of Albertans. In 2011, a review of Alberta Health Services data models was undertaken and the results used to inform the development of new models with improved ability to support a provincial health system while accounting for local needs and capacity.

Work on developing Alberta Health Services management systems has continued and includes the establishment of clearer accountability structures and processes, the development of an integrated strategic and financial planning process and calendar, the development of priority setting processes and criteria, and improved quarterly reporting.

Financial Plan

A multi-year funding agreement with Alberta Health supports the longer-term financial planning and management of health service planning, development and delivery. Having funds and allocating funds to support ongoing operations and new priorities is essential to achieving the outcomes desired. The financial plan for 2012/2013 is summarized in section 2.3 of this document.

Engagement

Engagement has occurred with this plan; however, it is recognized that it is very preliminary in nature. To proceed with implementation of this plan, it is critical for Alberta Health Services to continue to engage with patients, staff, physicians and the public. This engagement occurs in a multitude of ways, and includes the use of formal structures, such as the health advisory councils and the Alberta Clinicians Council. As well, a variety of engagement processes created and tailored to meet the requirements of specific strategies and initiatives are used. Most importantly, the patients and recipients of care and services need to be informed and involved, and play an active part in these changes. This includes both participating in individual episodes of care and in discussing changes in sites, services and core processes. A focus on connecting with the public and strong communication strategies is essential as we move forward. A number of groups can assist with engagement activities.

Health Advisory Councils

Alberta Health Services has 12 health advisory councils across the province. Health advisory aouncils are comprised of 10 to 15 volunteer members of the Alberta public who are selected through a province wide recruitment drive. All members are appointed by the Alberta Health Services board. Membership is a two- or three-year term and members are expected to represent the voice of the community for the local geographical area related to their council. Members include individuals who possess deep connections with diverse communities and knowledge about local issues that can be brought forward during council meetings.

The objective of the health advisory councils is to advise Alberta Health Services on health care in the best interest of Albertans. Health Advisory Councils will provide meaningful opportunities for public engagement with the organization by gathering input and feedback on local health service delivery issues in communities across the province. Provincial advisory councils for Addiction and Mental Health and Cancer Care were established in 2011/2012. Council operations are supported through the Alberta Health Services department of Community Engagement. Each council has a community engagement officer to ensure consistency across the councils and to act as a bridge to Alberta Health Services. This vehicle for public engagement is extremely valuable as we move forward with this plan.

Foundations and Auxiliaries

Alberta Health Services works with 74 foundations of varying sizes with whom we have a direct relationship through legislation or who have committed to support the organization as their primary beneficiary. Foundations contribute approximately $158 million annually to support excellence in health care across Alberta.

Alberta Health Services is also supported by approximately 64 hospital auxiliaries throughout the province which contribute more than $2 million annually to support local health-care services. These are local organizations which have supported health-care services over decades, in some cases over the last 80 years. They are significant stakeholders in that they are grassroots volunteers who rightly take great pride in the contribution they make to local health services. In addition to the funds hospital auxiliaries have provided to support health care in Alberta, these organizations provide Alberta Health Services with an extraordinary opportunity to engage the community in the work we do through their extensive networking and collaboration in the community.

Alberta Clinician Council

The Alberta Clinician Council (ACC) is a significant commitment by Alberta Health Services (AHS) to clinician engagement and involvement in decision-making. Clinical engagement enables shared accountability between clinicians and the organization and enhances a "quality culture" by empowering clinicians and improving collaboration. Effective clinical engagement has the potential to improve health-care delivery, enhance the patient's experience and outcomes, increase employee satisfaction, and aid recruitment and retention.

The Alberta Clinician Council is a multidisciplinary forum where the collective knowledge, experience and expertise of the ACC members can be constructively applied to discuss issues and identify new opportunities related to quality, access, and patient safety; and with direct access to the Senior Executive and Chief Executive Officer, advise on these and other topics as they relate to strategic planning.

The Alberta Clinician Council advises senior executive on key issues related to patient outcomes, access, clinical practices, quality and patient safety for strategic and service planning, including the ongoing development and functioning of the strategic clinical networks.

Patient and Family Advisory Group

The Alberta Health Services Patient and Family Advisory Group has been established to ensure that the voice, experience and perspective of patients/families are included in the planning and delivery of health-care services. The Council advises Alberta Health Services' senior leaders, health-care providers, staff and physicians on policies, practices, planning and delivery of health-care services from the patient/family perspective. Council involvement may include advising on professional practice and service redesign projects and initiatives; advising on patient/family-centred care principles; assisting in educating both staff and the public around these principles and practices; advocating for patient/family-centred care and patient engagement throughout the organization; and serving as advisors for patient experience for education and communicating about patient/family-centred care.

The Patient and Family Advisory Group is a formal council of patients and families. It is comprised of 15 to 20 patients and family members from across Alberta who have a variety of health service–related experiences. Members bring diversity to the council in terms of their geographic locale, age, gender, culture, ethnicity, education, employment, and physical ability. Members also bring other skills, abilities, experiences, and networks to help advance the work of the council.

Partnerships

Alberta Health Services will work in partnership with Alberta Health to deliver this plan. To move forward on this plan, it is clear that we must also pursue strong collaboration with a wide variety of other partners. We currently have a number of long-standing collaborative relationships, which bring great strength to our organization. However, a web of existing and new relationships with external stakeholders is now required to address health-care challenges and deliver on our future service directions. These partnerships and collaborations need to be considered in all realms, including partnerships that are beyond traditional health-care delivery systems, or our typical practice.

Partnerships work along a continuum of formal through informal relationships; a variety of types of partnerships will be required as we move forward. Working with others will enable Alberta Health Services to understand the unique needs and opportunities for collaborating to improve health for specific populations (i.e., aboriginal communities, person with disabilities, lone parents, recent immigrants, etc.)

As described in the initial sections of this document, most of the challenges faced by Alberta Health Services are not unique and are being experienced by health systems throughout the world. As there is a global hunt for solutions, it is important that we work with other health systems to capitalize on their best practices. These kinds of health system partnerships need to occur at the international, national, provincial and local levels.

The importance of working with other health-care providers is self-evident, especially related to the strategic directions of integration. Partnering and working with professional associations and unions will also be critical as we introduce new ways of working.

Inter-sectoral relationships are fundamental to the strategic directions of connecting with people at a community level. It is critical to foster such relationships and work with organizations such as school boards, United Way agencies, YMCA, YWCA, family and community service organizations, cities, towns and communities.

Developing stronger collaboration with health-care educators is becoming increasingly important. Along with education, greater emphasis on the relationship between health-care delivery and research is critical to where we want to be in the future. Other broad types of partners include businesses, contract providers, and a variety of philanthropic organizations and foundations.

Finally, as described elsewhere in this document, the most important partnerships of all will be those that we create with all people in Alberta to enable them to participate in their own health and health care.